TO HOSPITAL OR A place HYSICIAN: The law requires that the death certificate be executed within 24 haurs after page 4 may; consider by hospital or attending physician.

TO FUNEVAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corbon popers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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1.	o. COUNTY Carroll				MARYLAND		SUAL RESIDE STATE Maryl		ere decease	d lived.	If institu	ition: Residen	e Ci	ty	ion)
	b. CITY OR TOWN (I RURAL and give no Sykesvil		write	6 LENGTH O		c.	CITY OR TO								-4
	d. NAME OF HOSPIT	TAL (If not in hospitol, give eld State Ho	street o	oddress)	274	d	STREET ADI	DRESS		reet			•		DENCE FARM?
3.		First	(SA)		Middle ANN	11	Lost AMENT		4. DATE OF DEATH			enth h	Doy 18	,	ear 9 61
S.	Female		MARRI	IED NEVER			il 6,	1870		last	(In year birthdoy) yr:	Months	_		-
10	o. USUAL OCCUPATION during most of work Weaver	ON (Give kind of work do king life, even if relired)	ne 10b.	KIND OF BUSI	NESS OR INDU	STRY 1			rgini				ZEN OF		OUNTRY
13	. FATHER'S NAME					14.	MOTHER'S M								
	Winfield	Morgan						ne E	. Mor	gan					
15	N O	R IN U. S. ARMED FORCE If yes, give wer or dates of serv		SOCIAL SECUR		pri	ant ngfiel	d St	ate H	ospi		Record	ls		
		ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO			and (c).]	fic	iency						INTER	T AND	TWEEN DEATH
	Canditions, if a gave rise to i couse (a), stating lying couse lost.	mmediate (DUE TO	Ar	teriosc	lerotic	ca	rdiova	scul	ar di	seas	3e		У	ear	5
CEDTIENCATION	PART II. OTI Chron With	HER SIGNIFICANT CONDI	TIONS C ndro	ontributing me asso	to DEATH BUT	wit	h cere	he termi bral	arte	rios	cler	OS is	T 1(a) 19	PERFO	NO X
		AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW IN.	JURY OCCURRE	D. (Enti	er nature of i	injury in I	Port For Pa	rt II of i	item 18.)				
MAFINICAL	20c. TIME OF INJUI Have o.m. p.m.	Y Manth, Doy, Year 19	20d. IN While at work	Not while	£-		FINDURY (Ho treat, office b			y or tow	vn)	(1	County)		(State
	21. I certify the	at (I) (this haspital) sed alive an Mar	attend ch 1	ed the dece 8 1961	eased fram.,	Aug	ust 29 accurred		60 ta Ma from					stated	abave
	22a. SIGNATURE	Hains 1	4. 1	Kla	situl	M.D. 1	ATTENDING PHYS.		D. RECYOR	STA	rs. 📉	3-18	-61	221	SIGNE
	22c. PHYSICIAN'S NAME (Type)	Heinz H. K	laat	sch, M.	D.		22d. ADDRESS	OUT	ingfi esvil	eld le,	Stat	rland	oital	L 	
	Burial, CREMATIC REMOVAL (Specify Burial	March 21	196	st St			lampdei		Bal	tim	ore.	Maryl		(State	=)
2	4, FUNERAL DIRECTOR Burgee	's signature Funeral Home	1	3631 F		ad			BY REGIS			GISTRAR'S SI			

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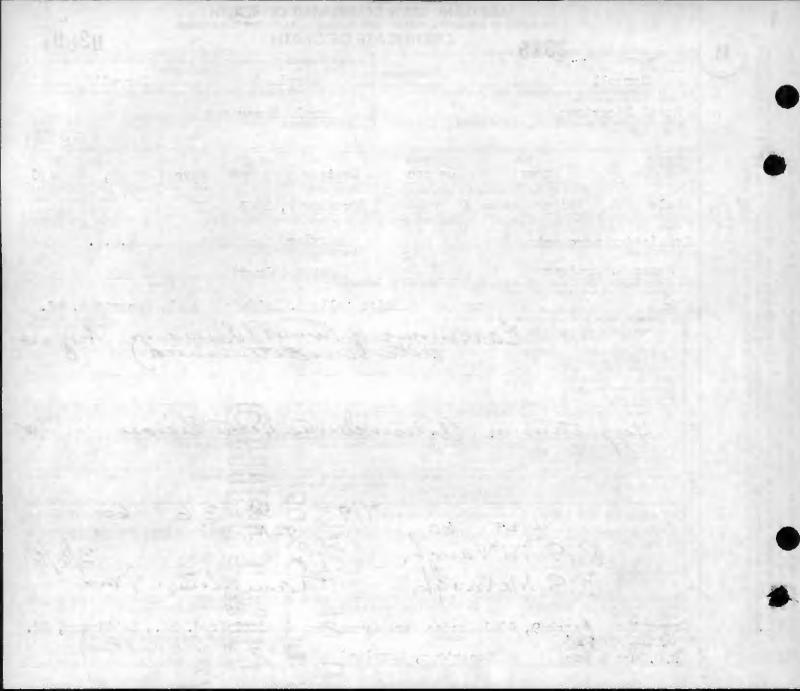
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	2016	CERTIFICA	ATE OF DEATH			1	12897
1. PLACE OF DEATH a. COUNTY Carro	11	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryls	_	lived. If institution b. COUNTY	n: Residence bef	
b. CITY OR TOWN (RURAL and give n	If outside corporate limit	ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES R NO
3. NAME OF DECEASED (Type or print)	Ernes		Armiger	4. DATE OF DEATH	March	h 6,	Nay Year 1961
s. sex Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED M DIVORCED	8. DATE OF BIRTH November 2,	1883	P. AGE (in years lost birthdoy) 77 yrs.	Months Days	Hours Min.
Commission		dane 10b. KIND OF BUSINESS OR INDI	Maryland		untry)	U.S.	OF WHAT COUNTRY
James S.	Armiger		Sarah Ca				
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wer or dates of a	ervice)	INFORMANT ISS Lelia G. F	Reldwin	Addr R #1	 Taneyto	nen Md
200. ACCIDENT V	the <u>under-</u> DUE TO		esclustic,	ainai disease	Person	EN IN PART I(o)	19. WAS AUTOPS PERFORMED? YES NO []
- '							
Y 20c. TIME OF INJUI Hour o. m.	RY Month, Day, Yes		PLACE OF INJURY (Home, far factory, street, office bldg., et		or town)	(County	y) (Stat
	ot (I) (this hospitol	While Not while of wark of work	actory, street, office bldg., et	58.to_	3/6	1960	that (I) (we) la
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH - BALTIMORE 1, MARYLAND

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h by the funeral director, and 2 should be filed with O HOSFITAL OR ATEXABING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be pained by hospital or otherding physician.
O FUN A DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the function of a should be detached for use as the burial-transit permit. Then please remave corban papers. Pages fond 2 should the Stote Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

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	OFF	TO FUN	pode
R	A M	9/5	(4)

7916				
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where do state Marylar	- 6 COUNTY	Residence before admission) Howard
b. CITY OR TOWN (If outside corporate limits, write	e c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	corporate limits, write RU	RAL and give nearest town)
RURAL and give nearest town) Sykesville	21 days	Ellicott Cit	у	13 X ~
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Springfield State Hos	pital	Sunset Drive	RFD#1	YES NOTE
3. NAME OF First DECEASED (Type or print) Earl	Middle	Barnes 4. g	DATE Month OF DEATH March	
37 9 77. 11.	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH February 12,19	lost highdowl	F UNDER 1 YEAR IF UNDER 24 HR. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if relired)	06. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Ship fitter	-	Maryland		U.S.A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James W. Barnes		Susie Scha	effer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	SI
_No _	214-12-9362	Springfield Hosp	pital Records	
DUE TO	Acute peritonit			INTERVAL BETWEEN ONSET AND DEATH
[0]	Perforated ulce	rative colitis		Week
gove rise to immediate cause (o), stating the under-lying cause last.	Bronchopneumoni	a, bilateral		Days
PART II. OTHER SIGNIFICANT CONDITION C.B.S. 250C. WITH CONV. 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	is contributing to DEATH BU disorder with p	TNOT RELATED TO THE TERMINAL SYCHOTIC TEACTIO	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	ED. (Enler nature of injury in Part I	ar Part (I of item 18.)	
Hour o.m. Wh	t-	IACE OF INJURY (Home, farm, 20 actory, street, affice bldg., etc.)	Of. (City or lawn)	(County) (State
21. I certify that (I) (this hospital) atters saw the deceased alive an March				
20. SIGNATURE	el Cumpo		STAFF	22b. DATE SIGNE 3/23/6
PAGE (Type) Agustin delCa	ampo, M.D.	Springfield	Hospital, Syl	kesville, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify) Rurial 3-25-63	23c. NAME OF CEMETERY C		LOCATION (City, town, or Arnold, Md	r county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 256. REGIST	TRAR'S SIGNATURE
F.C. Higinbothom, Ellicot	t City, Md	DATE MAR	27'61 a	riburg S. Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMORE I. MAI BALTIMORE 1, MARYLAND

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1, PLACE OF DEATH	arroll		MARY		STATE	Mary	_	d lived. If institution b. COUNTY	-	to.C	
b. CITY OR TOWN I	If outside corporate limited earest town)	ts, write	12yrs.2mos				outside corpo imore	prote limits, write RL	JRAL and gi	ve neares	it town)
OR INSTITUTION	TAL (If not in hospitol, garage state)		oddress)		d. STREET A		Fagle	ey Street			IS RESIDENCE
3. NAME OF DECEASED (Type or print Sa.)	rah or Sera		Middle Capil	L1 F	onann		4. DATE OF DEATH	Mont		28.	Year 19 6]
s. sex Female	6. COLOR OR RACE White	T =	RIED NEVER MARRIE	ED B. DA	te of BIRTH	Н	4	9. AGE (in years lost birthdoy) 60 yrs.	-		UNDER 24 H
100. USUAL OCCUPATION of work Sewing	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTRY	in Birthpu Ita	_	or foreign c	country)		I.S.A	HATCOUNT
13. FATHER'S NAME Petro Ca	pilli			14	MOTHER'S		NAME Ordil	11.			
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	11		eld H	ospita	Addr al Record			
Conditions, if a gove rise to couse (o), storing lying couse lost.	the under-)	Pulmonary :			THETEDA	INAL DISEAS	SE CONDITION GIV	FN IN PART		WAS AUTOP
Involuti 200. ACCIDENT W OR CONTRIBUTING	as underlying D	otic								1	PERFORMED?
20c. TIME OF INJU Hour o.m.		or 20d. I While of wor		20e. PLACE (factory,	F INJURY (I street, office	Home, form bldg., etc	n, 20f. (Cir.	y or town)	(Co	ounty)	(Ste
23. I certify the	at (I) (this hospita used alive an Mat	i) attend	ded the deceased 8, 19 61, and	from Mal	ch 7,			March 28, the causes an			
22c. SIGNATURE	Agustin de	elCam	Campo	2 M.D.	ATTENDING PHYS. 22d. ADDRE Sprin	ESS D	d Hosy	STAFF PHYS. 3	kesvi1	3/	/29/61 Md.
23a. BURIAL, CREMATIC REMOVAL (Specify Parial 24 INERAL DIRECTOR	April	lst,	23c. NAME OF CEM	LAV	MATORY	EM.	13,	ALTIM	or county) ORE	E M	(State)
Fraula	Dellali	ae	e 322 8.	High	St.	DATE A	PR 3	27.4	ultun 8.		A

by the funeral director, and 2 should be filed with D HOSPITAL OR ALL DING PHYSICIAN: The law requires that the deoth certificate be executed within 2, may be a properly hospital or attending physician.

D FUNIAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OF MAY DIN TO FUNITY D

ING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after

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	7	page 3 shauld be detached for use as the burial-transit	

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1. PLACE OF DEATH		2. USUAL RESIDENCE (WI	here deceased lived. If institutio	n: Residence before admission)
Carroll	MARYLAND	Marvla	nd b. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	2 mos. 7 das	Hager d. STREET ADDRESS	stown R. 6	e. IS RESIDENCE
OR INSTITUTION		G. SIREET ADDRESS	2	ON A FARM?
Springfield State Hos	pital	-	0411	YES NO
3. NAME OF First DECEASED (Type or print) Verbage	Middle	Lost Dansen	4. DATE Monti	. 10 4
VSCHIEF		Bowman 8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
	VED DIVORCED	5-1.3-22	lost birthdoy)	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10t	. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)				77 00 4
Housewife		Maryla		U.S.A.
3. PATHER S NAME		14, MOTHER S MAIDEN	NAME	
Clarence St. Clair,		Charlot		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Yes, no. or unknown) (If yes, give wer or dotes of service)		IFORMANT	Addre	015
No P	17-18-7560	Springfield	Hospital Record	4
18. CAUSE OF DEATH Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		umakahlar dan		ONSET AND DEATH
110.	conchopneumonia	propanty que	to aspiration	2 days
DUE TO				
Conditions, if any which) (b)				
gove rise to immediate DUE TO				
lying couse lost.				
Part II. OTHER SIGNIFICANT CONDITIONS Diabetes Mallitus	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVE	PERFORMED?
	CORRECTION DESIGNATION OF COURSE	mark and the state of the state	Cont. London Mark ton 181	YES T NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture or injury in	Port I or Port II of Item 10-)	
20c. TIME OF INJURY Month, Doy, Year 20d.	t-	ACE OF INJURY (Home, for		(County) (Stat
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. 19 ul w	e Not while	ctory, street, office bldg., et		
		D 00	60 M2 E	67
21. I certify that (I) (this hospital) after				
saw the deceased alive an March	5 19.61 and that c	leath accurred a 7:3	OMAMom the couses and	
220. SIGNATURE	101	A TECHNOLOGY		22b. DATE SIGNI
Marietin des	Campo	M.D. PHYS.	RECTOR PHYS.	March 5, 1961
22C. PHYSICIAN'S	1	22d. ADDRESS		
NAME (Type) Agustin del Campo	M.D. 0	Springfiel	d Hospital, Syl	kesville. Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	Test Hoven	Cernetery	Hagustown	or county) Mg (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS //	stourn 250. REC		STRAR'S SIGNATURE
Kest Havery Trumescal C	hopel Trager	DATEMA	R 8 '61 ant	hus S. Kraus
1 DUNSAN MONT	1/			

A FEMALES - Justine Alexander and the protection of the second of the seco And the second of the second o the second of the second of the second of the second THE RESERVE TO STATE OF THE PARTY OF THE PAR 2919 **CERTIFICATE OF DEATH** 02901

Rea. Dist. No.

PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where deceased o, STATE	lived. If institution: Residence before admissio	n)
Carroll	MARYLAND	Maryland	Carroll	
b CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor	ote limits, write RURAL and give nearest town)	
Westminster, I.d.	I yr.	Finksburgd.		
T9 37 9 YF	nter Street	NO SET ADDRESS	e. IS RESID ON A F YES	FARM?
Ibex Nursing Home	stminster, Md.	11		
DECEASED	gustus Buckinghar	tos! 4. DATE OF DEATH		96I
SEX 6 COLOR OR RACE	MARRIED NEVER MARRIED	8 DATE OF BIRTH	P. AGE (In years IF UNDER 1 YEAR IF UNDER	24 HR
	WIDOWED DIVORCED	Oct. 3, 1879	8 I yrs. Months Days Hours	Min.
8a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	untry) 12.CITIZEN OF WHAT CO	JUNTRY
Carpenter	Construction	Maryland	U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Edwin Nelson Buckin		Fannie Garretts	son	
IS WAS DECEASEDEVER IN U. S. ARMED FORCE [Yes, no, or unknown] If yes, give war or dates of serv	noel lean	NFORMANT	Address	
no	213-09-8166	Ibex Nursing Home V	Westminster, Md.	
18. CAUSE OF DEATH [Enter only one cous	per line for (a), (b), and (c).]	. D D 0	INTERVAL BETY	WEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0)	ancer	of bower	8 7	}
53.4 DUE TO		*	mo	Trest
Conditions, if ony, which) (b)		()		
gove rise to immediate couse (a), stating the under-				
lying couse lost.				
, 10)-	ITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(o) 19. WAS AL PERFOR	MED?
TO ACCIDENT WAS UNDERLYING D 2	OF DESCRIBE HOW INTERA OCCURRE	D. (Enter noture of injury in Port 1 or Port	<u> </u>	110 [2
OR CONTRIBUTING CAUSE OF DEATH	OD DESCRIBE HOW INJURY OCCURRE	D. (Ester notice of injury in roll) or roll	n or nem rog	
3 20c TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (City	or town) (County)	(State
20c TIME OF INJURY Month, Doy, Year Hour o.m p. m. 19	While Not while to	ctory, street, office bidg , etc.)		
21. I certify that I attended the a	deceased from OCT		, 19 .0_ that I last saw the de	cease
alive an 12 28	, 19 🗗 and that death	occurred atM, from t	he causes and an the date stated	abav
2 (5)	· 0 Ch	ADDRESS (SIG	eet, city or town, state)	SIGNE
SIGNATURE CONTRACTOR	wirens	m 13 heurs	rave /2	/
PHYSICIAN'S E REE	c = Milhe			16
NAME (Type)	DEVY I DEN	\$ OF some	~ color ind	1
220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCAT	ON (City, lown, or county) (Stote)	V
REMOVAL (Specify) Burial 3/5/6T	Sandymount (Cemetery near	estminster, id.	
FUNERAL DIRECTORS SIGNATURE	ADDRESS	24g, REC'D BY REGISTI	RAR 24b. REGISTRAR'S SIGNATURE	
Manual All	254 E Main St	MAD 6 '6		

the attending physician and campletely fills. By the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after I DIRECTOR: After this certificate has been signed by the attending physician and campletely fittle the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. page 3 shauld be detached far use as the burial-transit permit. aspital ar attending physician. TO HOSPIT may be VS A1S (4) 1SM 9/S8

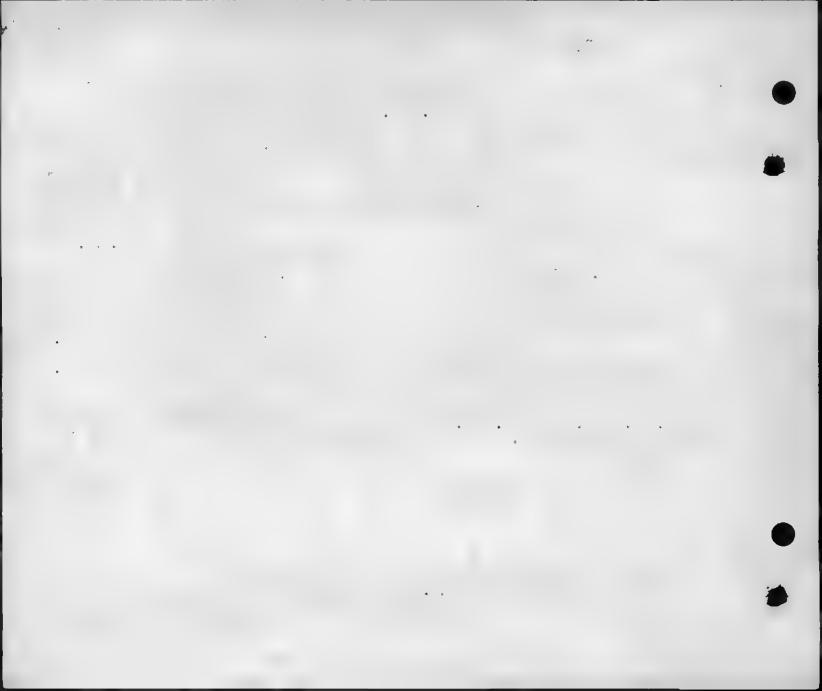
Page 4



Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAN FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY Health, e. STATE **b.** COUNTY Carroll files. Maryland Balto City : MARYLAND b. CITY OR TOWN (if outside corporete limits, director. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) YOUR ! Sykesville ö 9vrs.4mos. Baltimore 17 Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Springfield State Hospital 1526 Mt.Royal Avenue State YES NO TO 3. NAME OF M ddle 4. DATE Yeer DECEASED (Type or print) Lillian Annette Elliott DEATH 1961 March with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers I.F UNDER 1 YEAR IF UNDER 24 HRS. 2 with age 5 may 1 and 2 with 72 hours lest birthdey) Months Days Female Whi te September 2,1878 WIDOWED DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 8. Give Pages MERCEUN U.S.A. New York Clerk within w P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James B. Elliott Susan T. Howland FILE Eloi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [[fyesgivewerordetesofservice] Springfield Hospital Records 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Office alon Arteriosclerotic heart disease Years. IMMEDIATE CAUSE (a) DUE TO Generalized arteriosclerosis Years. geve rise to immediate cause 40 DUE TO (e), steting the underlying 80 cause lest. pesn PART II, OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION C.B.S. assoc. with circ. dist. with cerebral arteriosclerosis, with PERFORMED? cremati cernicate, writing the word rded to the Chief Medical E YES THE NO psychotic reaction.

200. EXTERNAL CAUSE WAS | 200. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert I, of stem IB.) should PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 673 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) forwarded to the Chir L DIRECTOR: Page (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion agent, Natural causes X death resulted from. Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER TS Hames T. Marsh. M.D. NAME (Tyde) Address (Street, city, town, or county) 226. BURIAL, CREMATION. 226 NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Z40 9 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o STATE **b.** COUNTY MARYLAND Carroll Co. Maryland Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negrest town) Westminster. Md. Westminster. Md. Vrs. Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Manchester Road YES NO TH Lanchester Road NAME OF First Middle 4. DATE Month Year DECEASED DEATH (Type or print) Katherine Azatha 19 6I Conant arch SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days WIDOWED 門 DIVORCED [1871 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) seamstress New York State U-S.A. garment 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Gaines Mary G. LaMov 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Manchester Rd. ** 008-16-9925 son Rainh Conant Westminster Id. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO IN 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (State) (County) factory, street, affice bldg., etc.) Hour o.m. While Not while of work of work p. m. 10 March 4 21 I certify that (1) (this haspital) attended the deceased from Nor 2/ 1961, that (I) (we) last 196/..., and that death accurred at 7.4-M. from the causes and an the date stated above. saw the deceased alive an Mana 22a SIGNATURE 22b. DATE SIGNED M D PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Burial Child's Cemetery Cornish Flat New Hampshire FUNERAL DIRPETOR'S **ADDRESS** 25o, REC'D BY REGISTRAR 25h, REGISTRAR'S SIGNATURE 254 DATE MAR 6 Main Chilling & Flesca

Westminster.

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~		2922 CERTIFICATE OF DEA	ATH	02904
1	1.	PLACE OF DEATH O. COUNTY AND 2. USUAL RESIDEN MARYLAND TITLE	CE (Where deceased lived If institution: Residence b. COUNTY 6.21	before admission)
		Hereinstein 10424 777	VN (If outside corporate limits, write RURAL and give LULI /2 L TETE &	re nearest town)
X		d. NAME OF HOSPITAL (If not in hospito), give street address) OR INSTITUTION d. STREET ADDI	RESS /	e. IS RESIDENCE ON A FARM? YES NO Y
1	1	NAME OF DECEASED (Type or print) OLIVER - W- COX	4. DATE OF MONTH OF DEATH MICHELE GE	Day Year 10 19 6 /
	5 :	SEX 777 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BUTH WIDOWED DIVORCED ALLY 10		YEAR IF UNDER 24 HRS Pays Hours Min.
		o. USUA. OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE during most of working life, every retired)	11A 4	EN OF WHAT COUNTRY?
T	13.	ELLUS W COX	san Wilhelm	
		WAS DECEASED EVER N U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	of Cox - Hampet	ead That
		18. CAUSE OF DEATH [Enter only one couse per ine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: CAI CINOMATOSIS IMMEDIATE CAUSE (o)		ONSET AND DEATH
		conditions, if ony, which) Carcinoma of Rectum		2 yrs
		gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO		
{	CATION	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE Arterio Sclerotic C * V disease		1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
1	AL CERTIFI	206 ACC DENT WAS UNDERLYING DOOR DESCRIBE HOW INJURY OCCURRED. (Enter noture of in OR CONTRIBUTING DOOR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20d. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of the other of the other work of the other p. m. 20d. INJURY OCCURRED to the other p. m. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURRED to the other p. M. 20d. INJURY OCCURR	ne, form, 20f. (City or town) (Codg., etc.)	ounty) (State)
		21 I certify that (I) (this haspital) attended the deceased from August saw the deceased alive an. 3/9	19 59, ta <u>March 10</u> , 1961 at 7 pM, from the causes and an the	
1	-	Megarter feel M.D. ATTENDING PHYS.	MED STAFF DIRECTOR PHYS	226 DATE SIGNED
1		22c PHYSICIAN'S M. C. Porterfield, M. D. 22d. ADDRESS HAME (Type) M. C. Porterfield, M. D. 22d. ADDRESS	mpsterd, Md.	
	-1	BURIAL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY DULL AS MUN 13/67 VE CELECT COL		West of the state
*	24	ENERAL DIRECTOR'S SIGNATURE ADDRESS HELL PILE of Tick	o REC'D BY REGISTRAR 256 REGISTRAR'S SIGN ATE MAR 1 4 '61 Cuttury 8	

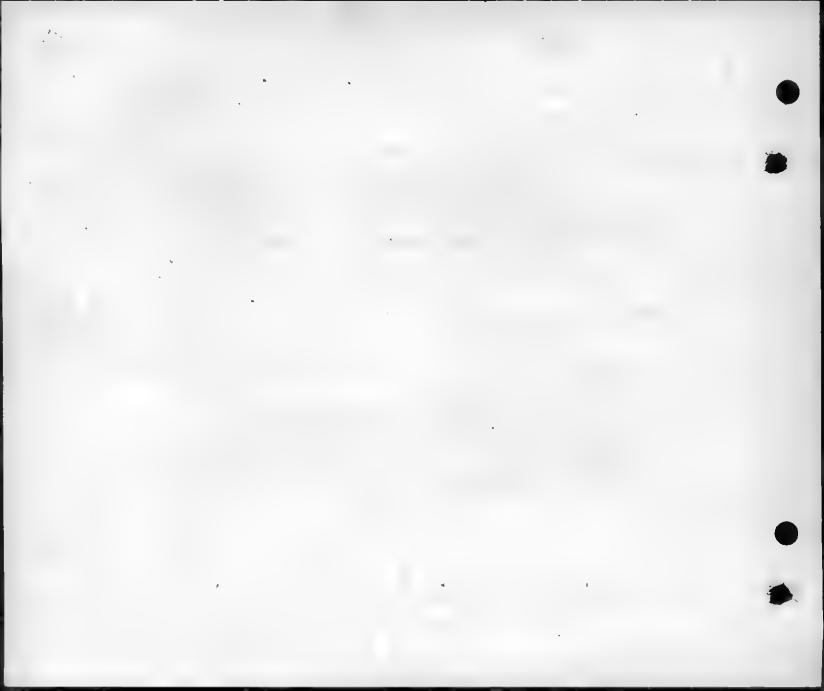
TO HOSP JAL OR ATT UNG PHYSICIAN: The law requires that the death certificate be executed within 24 may be sained by spital or attending physician.

TO FUNITY. DIRECTOR. After this certificate has been signed by the attending physician and completely fill page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Page the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after Reath.

JNG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de

by the funeral director, I and 2 shauld be filed with

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CERTIFICATE OF DEATH MACE OF DEATH

If Institution, Parislance before educations

J	a COUNTY		MARYLAND	a. STATE	(** liele Opcorate	b. COUNTY	MI. KOJIGOME	Darare Gair	113310117		
)	Carro			Mary							
1	RURAL and give ne	autside carporate limits, write arest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(It autside corpo	erate limits, write RL	_		(wn)		
ı	Sykes		4 yrs./5 mos.	Balt	imore #2	5	7	1101			
-	d. NAME OF HOSPITA	AL (If not in haspital, give street	address)	d. STREET ADDRES	S			e. IS F	RESIDENCE LA FARM?		
-		gfield State Ho	ospital	924	N. Calve	ert St.			ON D		
	3 NAME OF	First	Middle	Lasi	4. DATE	Mani	h	Doy	Year		
١	(Type or print)	Charles	Henry	CRONHARDT.	Jr DEATH	3		77	1961		
ł	S SEX	6. COLOR OR RACE 7 MAR		B. DATE OF BIRTH	0 + •	9. AGE (In years	IF UNDER 1		IDER 24 HRS		
1	male	white woow		9/21/76		lost birthday)	Manths [Days Hau	rs Min		
ŀ		The state of the s	KIND OF BUSINESS OR INDU	/ S Gubby 1 U	late ar fareian a	84. Yrs	12 CITIZ	EN OF WHA	T COUNTRY?		
1	during mast af wark	ing life, even if retired)	KIND OF BUSINESS OK HIDD		_	,,			LOOMIN		
	Timekeep	er		Maryla			- L	J.S.A.			
ı	13 FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME						
ı	Charles	H. Cronhardt		Louise	Long						
ı		R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17, II	NFORMANT		Addr	ess				
ı	No		S	pringfield .	Hospital	1 Records					
1	1B. CAUSE OF DEA	TH [Enter anly ane cause per I	ine far (a), (b), and (c).]					INTERVAL	BETWEEN		
1	PART I. DEA	TH WAS CAUSED BY:	Pneumonia right	lung				days			
1	> *	MMEDIATE CAUSE (a)	Menmoura Tisur	Tung				au, s			
	the Pi										
1	Canditions, if any, which (b) Arteriosclerotic heart disease.								5		
1	cause (a), stating										
	lying cause last.) (c)						1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	C LUZOBEK		
ı	2	ile brain dise	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	erminal diseas	etion.	EN IN PARI	PER	PORMED?		
-	₫ CBS assoc	Senile brain disease with psychotic reaction. VERFORMED? YES SENO NO □									
	CBS assoc	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH									
1	20c. TIME OF INJUR Haur a. m., p. m.,	Y Manth, Day, Year 20d.		ACE OF INJURY (Hame,		y ar tawn)	(Cr	zunty)	(State)		
1	Haur a. m. While Nat while factory, street, affice bldg., etc.)										
١				20/1/56		2/11/41					
	21 I certify tho	t (1) (this haspital) atten	ded the deceased fram	TU/4/ 20	12 ta_) (we) last		
		ed alive on3/11/	61_19, and that (death accurred ato	M, Fram	The causes an	d on the	date stat			
	22a SIGNATURE	+ 111	2 1	ATTENDING	MED _	STAFF			22b DATE S.GNED		
	Cloper	uni cler l	mupo	M.D PHYS	DIRECTOR -	STAFF PHYS X		3/	11/61		
	22c. PHYSICIAN'S NAME (Type)			22d ADDRESS		2 2					
		Agustin del	Campo, M.D.	Sykesv	ille, M	aryland					
	230 BURIAL, CREMATIO	N, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCA	TiON (City, lown, o	ar county)	(5	State)		
	REMOVAL (Specify)	3-11-61	Druid Ridge		Pik	esville,	Md.				
	24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25a. I	REC'D BY REGIS	TRAR 256 REGIS	STRAR'S SIG	NATURE			
	Trank-	44/10011	Peles nul o	mad DATE	MAR 13	61 6	Irthur S.	Thank			
	The state of the s	L'I POUGE LA		7							

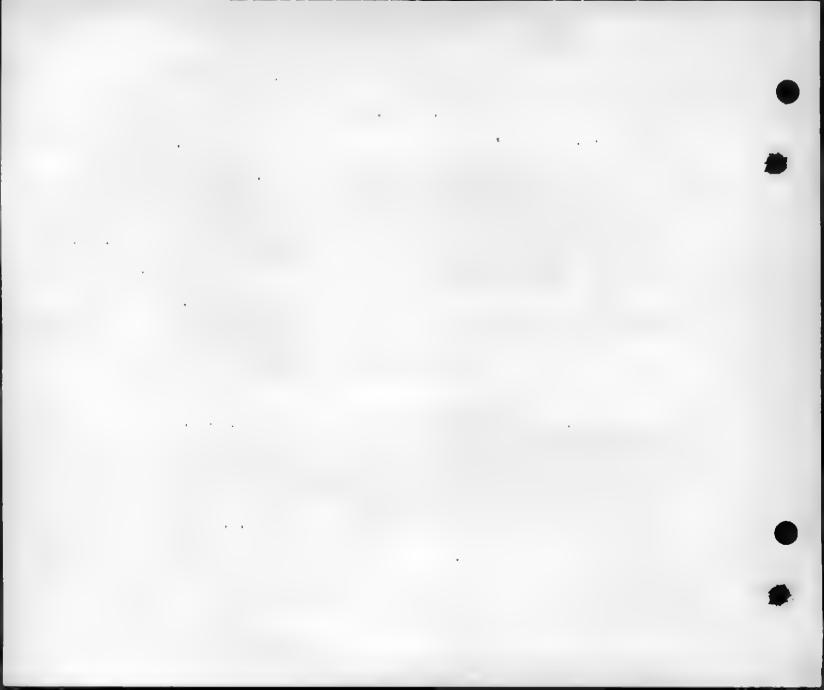
may be lined by Spital ar attending physician.

D FUN DIRECTOR. After this certificate has been signed by the attending physician and commitety fulled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. NG PHYSICIAN: The law requires that the III ath certificate be executed within 24 hours after de

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2924 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived II institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in/hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Brookfield YES NO Manor NAME OF Lost 4. DATE Month Year Day OF DECEASED DEATH MIRCH (Type or print) 4, 19 6 9. AGE (In years 6. COLOR OR RACE 7. MARRIED THEYER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months WIDOWED IT DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurs remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Mean way eg. **DUE TO** à Conditions, if ony, which gave rise to immediate **DUE TO** coese (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY remaval, PERFORMED? YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) {State1 factory, street, affice bldg., etc.) Hour o. m. While Not while at work at work 🗍 p. m. 23/6/ 21. I certify that I attended the deceased fram. 14... 19.....that I last saw the deceased ., and that death accurred at <u>2AMM</u>, from the causes and an the date stated above. alive an... ADDRESS (Street, city or town, state) . ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) FUN 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) abod PREMOVAL (Specify) è 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRÉSS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] Christing S. Hime 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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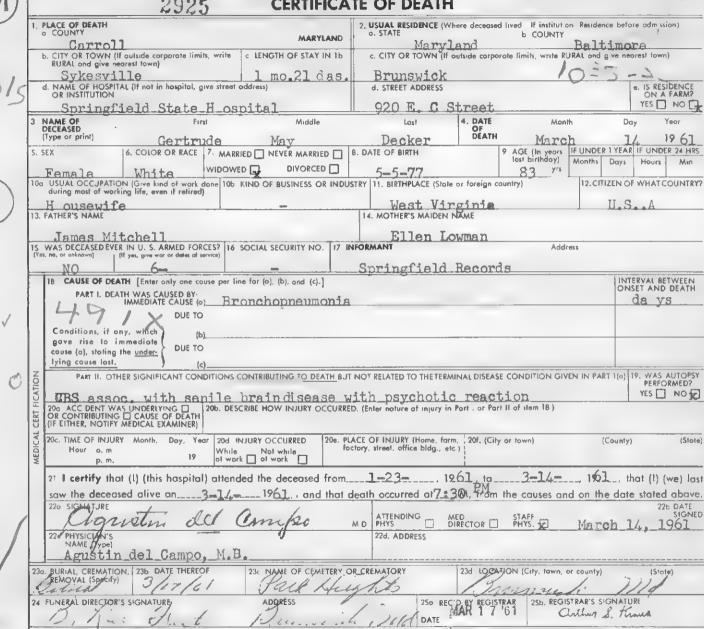
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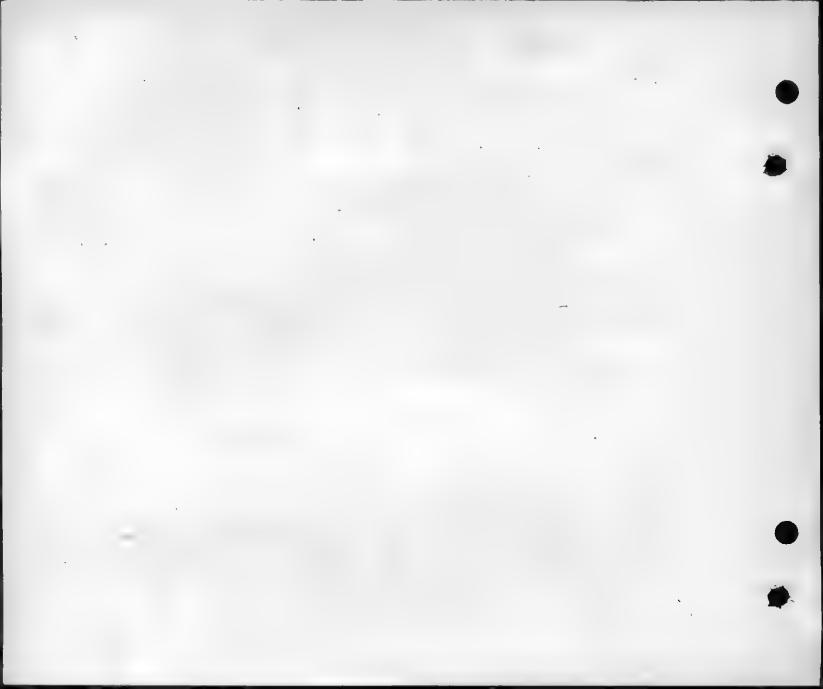
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2020 CEDTIFICATE OF DEATH 02908

		6340	CERTIFICA	IE OI DEAIII		01000		
1	1. !	PLACE OF DEATH G. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where a STATE Maryla	e deceased lived. If institution: Resident Ball	ce before odmission) Lto.City		
7	,	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Sykesville	lyr.7mos.15da		side corporate limits, write RURAL and pore 18	give nearest lawn)		
		d. NAME OF HOSPITAL (If not in hospital, give street or institution Springfield State Hosp	,	d STREET ADDRESS 2010 St	. Paul St.	e. IS RESIDENCE ON A FARM? YES NO		
		NAME OF First DECEASED (Type or print) Sophia	Meta	Dohrman	OF Month OF March	Doy Year 29, 19 61		
	5. 5	Female 6. COLOR OR RACE 7. MARR WIDOWE		March 21, 1889	last hirthday) As	1 YEAR IF UNDER 24 HRS Doys Hours Min.		
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Fr	KIND OF BUSINESS OR INDUS anklin-Unifo		,,	ZEN OF WHAT COUNTRY?		
	13.	Vlrich Bruberger		14. MOTHER'S MAIDEN NA	ME (a Grages			
	15 Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. No, or, or unknown If yes, give war or dates of service)	216-09-2786	Springfield F	Address Hospital Records.			
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My DUE TO	ne for (a), (b), and (c).]	ction		INTERVAL BETWEEN ONSET AND DEATH		
		cause (a), stating the under-	ronary Occulsi rterioscleroti		ė	days		
74	CERTIFICATION	C.B.S. assoc. with ceret phrase. (Aphasic)	ONTERBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN OPOSIS WITHOUT	at d sease condition given in Par qualitying	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2		
		20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	rt Lar Part II af Item 18)			
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City ar town) (Caunty) (State) Haur a m. While Nat while at wark at wark at wark at wark.						
	21 I certify that (I) (this haspital) attended the deceased fram August 14, 1959 to March 29, 1961, saw the deceased alive an March 29, 1961, and that death accurred alo: 3MAN on the causes and an the deceased alive an March 29, 1961.							
ė.		Claristin del C	mpo	M.D ATTENDING MED PHYS DIRE	CTOR PHYS A	3/29/64		
	_	Agustin delCar		Springfield	d H ospital, Sykesv	ille, Md.		
	230	Burial (Specify) Burial 4/1/61	23c. NAME OF CEMETERY O		Baltimore Md	(State)		
	24.	Charles E. Schimunek 3331 Brehms Lane	Funeral Home	250. REC'D	BY REGISTRAR 256. REGISTRAR'S SIG	S. Have		

eral director, be filed with h by the fune and 2 shauld b NG PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter TO HOSPITAL OR ATT. TING PHYSICIAN: The low requires that the death certificate be executed within 22 may be coined by spital ar attending physician.

TO FUN. I DIRECTO I first this certificate has been signed by the attending physician and campletely fill page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND

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	2327	CERTIFICA	TE OF DEATH			02989
ī	PLACE OF DEATH	- 7 - 22 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	2. USUAL RESIDENCE (Wh	ere deceased lived if institutio	n Residence be	fore odm'ssion)
	o. COUNTY Carroll	MARYLAND	o. STATE Marvla	ь. COUNTY		
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16		utside corporate limits, write RU	RAL and give r	segrest town)
	Sykesville	10 mos.	Baltir	nore #5	IV	1 1 -
	d. NAME OF HÖSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS			B IS RESIDENCE
	Springfield State	Hospital	1601 E, Ma	adison St.		YES NO
	NAME OF First	Middle	Lost	4. DATE Mont	h	Doy Yeor
	(Type or print) PAWELGUPaul	EWCHUK(* EUWCHUK	DEATH 3		4 1961
S	SEX 6. COLOR OR RACE 7. MARK	HED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years last birthday)		AR IF UNDER 24 HRS
	make white wipowi	ED 🔲 🕴 DIVORCED 🔲	1-14-83	78 ## yrs	Months Doy:	s Hours Min
100	J. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	ship cleaner	WATER FRONT	Ukrania		Rus	sia
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N			
	UHK	EWCHUK		UNK		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 15, no. or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO 17 IN	NFORMANT	Addre	855	
		16-09-0189 4	Springfield St	tate Hospital I	Records	
	18. CAUSE OF DEATH [Enter only one couse per li			fåålure	111	TERVAL BETWEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	rterioscleroti	c heart diseas			VORPS
	AL \ O O DUE TO					-V
	Conditions, if ony, which) (b)					
	gove rise to immediate DUE TO					
	lying couse lost.					
Z	PART II. OTHER SIGNIFICANT CONDIT ONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	EN IN PART 1(o	19 WAS AUTOPSY PERFORMED?
CERTIFICATION	CBS assoc, with arteri	osclerosis with	h psychotic re	eaction.		YES NO
TIE		CRIBE HOW INJURY OCCURRE				
-	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY (Home, form clory, street, office bldg., etc.		(Count	ly) (Stole)
MED	Hour o. m. White of wor	NOI WILLS	crory, arrear, orrice blog., etc.	1		
	21. I certify that (I) (this haspital) attend	led the deceased from	4/27/60 . 19	10 3/4/61	19	that (I) (we) last
	saw the deceased alive an 3/4/61	19 , and that c	leath accurred at	M. fram the causes and		
	220. SIGNATURE	7				226 DATE
	Clorintin del C	ampo,	M.D PHYS DI	RECTOR PHYS		3/4/61
5	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
	Agustin del Ca	mpo, M.D.	Sykesvil.	le, haryland		
23	BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, o	r county)	(Stote)
	RENOVAL (Specify) MAR 7 1961	HOLY TRIN	iTY CEM	ELLRIDE	E	MO
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25g REC'	D BY REGISTRAR 2Sb REG S	TRAR'S SIGNA	TURE

in by the funeral director, and 2 should be filed with G PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATT. IG PHYSICIAN: The low requires that the death certificate be executed within 24 may; coined by bital ar attending physician
TO FUK, AL DIRECTION of this certificate has been signed by the attending physician and completely fit page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I the State Board at Health prior to burial, crematian, or remayol, and in any event, within 72 hours after death. TO FUN

VR A15 (4) 15M 9/59



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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Marvand c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 18 e. IS RESIDENCE ON A FARM? 2926 Harford Road YES NO S 4. DATE Month Year OF DEATH March 1967 9. AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS Months November 12,1884 Doys 76 yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 14. MOTHER'S MAIDEN NAME George Young Margaret Jones IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT Address 218-03-2707-A No Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: infarction 1 hr. Acute myocardial IMMEDIATE CAUSE (o) DUE TO Years Arteriosclerotic cardiovascular disease Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. C. D. S. associated with cerebral arteriosclerosis with psychotic reaction. YES NO A CERTIFI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while at wark of wark p. m. 21 I certify that (1) (this haspital) attended the deceased from May 17, 19.60, to March 3, 19.61, that (1) (we) last 1961 saw the deceased alive on March 2. And that death accurred at 1:30AMom the causes and an the date stated above. 22a SIGNATURE 22b DATE 61 PHYS. DIRECTOR T 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. Raymond Gladue, M.D. Springfield Hospital. Sykesville. Md. BURIAL, CREMATION, 236, PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) D 121.F DKW 200 ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

deoth Pages 運 campletely papers. 蜀 puo permit. baubi **burial-transit** been 튄 DIRECTOR: pe shauld TO FUN

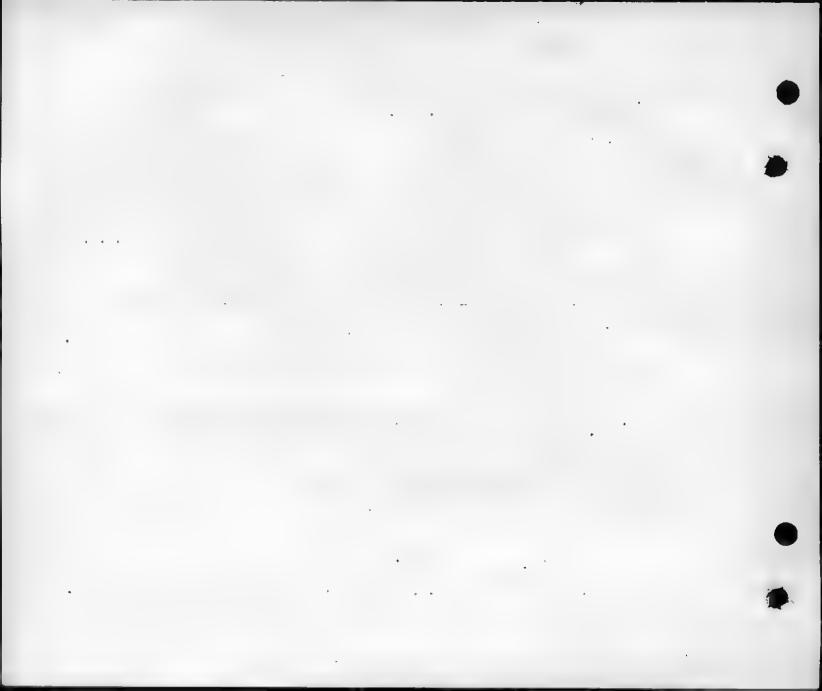
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24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

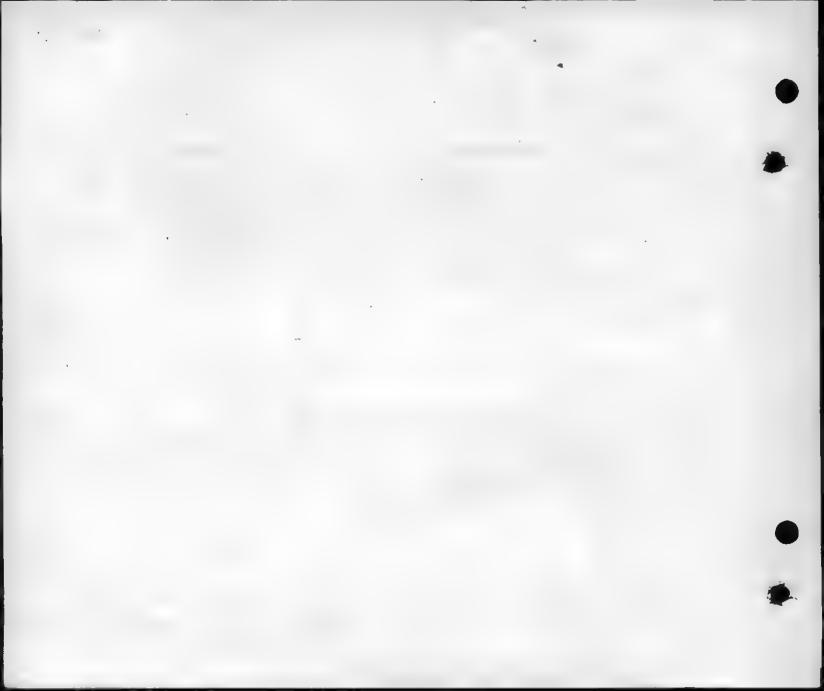
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	2929 CERTIFICAT	E OF DEATH	(IMOXI
1.	PLACE OF DEATH a. COUNTY County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution- Reside of STATE). b. COUNTY	dence before admission)
f	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c CITY OR TOWN (If outside corporate limits, write RJRAL on A. STREET ADDRESS 2 6 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	e. IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED (Type or print) APRY FIRST PAVOES	FRISBU 4. DATE Month DEATH MARCI	Day Year 4 /2 196-/
Ľ	12 26 ROLLIE WIDOWED DIVORCED 1	DATE OF BIRTH MA 4 8 18 9 3 9 AGE (In years lost birthday) Month C 7 yrs	s Days Hours Min.
_	USUAL OCCUPAT ON Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	11 BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY
15	1.71him 72,2hin	ORMANT Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	in Mist y lits thing 3	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions. if ony, which gove rise to immediate couse (a), stoting the under lying couse last. DUE TO (c)	Ochran	2445
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (If EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18)	PART I(D) 19. WAS AUTOPS PERFORMED? YES NO.
MEDICAL C	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) ry, street, office bldg., etc.)	(County) (Sto
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 3/7196/ and that de	3/4 1957, to $3/2$ 19 ath accurred a $2/3$ M, from the causes and on	* * * * * * * * * * * * * * * * * * * *
	220. SIGNATURE RADIUS Charko M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS	22b.DATE SIGNI
-	NAME (Type) Julius Chepko	185kW. Specust Wast	ninite-ti
L	BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS	The Hope house little	32:26 e 22
24	4 2 7124413 h. 14. This still	250. REC'D BY REGISTRAR 256, REGISTRAR'S	

t by the funeral lirectar, and 2 shauld be filed with NG PHYSICIAN: The faw mquires that the duath certificate be exmuted within 24 hours after D HOSPITAL OR ATT. ING PHYSICIAN: The faw Equires that the death certificate be exemuted within 24 may by failed by spital or attending physician.

O FUNITY. DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haury after death.

TO HOSPAT TO FUN VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2930 **CERTIFICATE OF DEATH** Reg. Dist. No. 20 director PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY Filed **b.** COUNTY Carroll Maryland MARYLAND Howard funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town)
Sykesville should Florence vears TS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Pullen ON A FARM? RFD Woodbine Nursing Home YES NO NAME OF 4. DATE Middle Month Year OF DEATH Gilliss Victoria (Type or print) Mae March 11 19 61 臣 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days Hours DIVORCED [7] WIDOWED & 1880 Female March papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) USA Own Home Howard Co. . Md. Housewife pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Mattie V. Poole John R. Lewis remave 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs Evelyn M. Evler, Woodbine, Md. Nο attending None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which been signed gave rise to immediate DUE TO ě cause (a), stating the underlying couse ost. burial-transit CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While Not while at work at work After . 1961, that I last saw the deceased Million 21. I certify that I attended the deceased fram. and that death accurred at // 'col' M. from the causes and on the date stated above DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S Howard E. Hall NAME (Type) FUNE 22d. LOCATION (City, lown, or county) 220 BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY (State) poge REMOVAL (Specify) the Buria Poplar Springs Meth. Ponlar Springs

ADDRESS

Damascus. Md.

24b. REGISTRAR'S SIGNATURE

Orthur & Kraus

24g. REC'D BY REGISTRAR

DATE MAR 1 5 '61

9 VS A15 (4) 15M 9/5B

23. FUNTERAL DIRECTOR'S SIGNATURE

may



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE filed **b** COUNTY ARROLL MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) should be RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle Month DECEASED OF DEATH MICEF Lu Lan (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months DIVORCED [7] WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon 13. FATHER'S NAME **move** IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO 66,20 S/S permit. Conditions, if ony, which gove rise to immediate **DUE TO** cottse (o), sloting the underpuo lying couse lost. **buriol-tronsit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. While Not while ot work at work p. m. 21. I certify that I attended the deceased from. 7, 1944, that I last saw the deceased and that death occurred at // 30 A. from the causes and an the dote stated obove.

detoched abod TO FUN VS A1S (4) 15M 9/5S

within

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

ACTUAL SIGNATURE

ADDRESS 26. REC'D BY REGISTRAN

24b. REGISTRAR'S SIGNATURE

ON A FARM? YES NO IN

Yeor

196

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO M

> > (State)

DATE SIGNED

(Stote)

Day

ADDRESS (Street, city or town, stote)



Reg. Dist. No. (12915

1. PLACE OF DEATH b. COUNTY Ca:	rroll	MARYLAND	2. USUAL RESIDENCE O STATE Ma:	Œ (Where decease ryland	d lived. If institution b. COUNTY		e before admissi	ion)
	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corpo	prote limits, write R	URAL and gir	ve nearest fown	1)
RURAL ond give n	sburg	3 yrs.	Pt/pk/s	burg/	Baltimon	re 14,	Md.	1
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDR	ESS 2900 S	Shirey A	venue	e, 15 RES	IDENCE
	s Nursing Home		/WXXXX49th	s/Norsing	y/Home/			NO K
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	lh .	Day 1	Year
(Type or print)	Anna	Rose	Gotsch	OF DEATH	Mar	•	29	1961
S. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	7	YEAR IF UNDE	
Female	White WIDOW	ED DIVORCED	Oct. 4, 1	882	78 yrı	Months C	Days Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work done 10b. king life, even if retired)		USTRY 11. BIRTHPLACE	(State or foreign o	auntry)	12 CITIZ	ZEN OF WHAT	COUNTRY
Bookkeep	er- retired E	at lingers Co.	Germany				U.S.A.	
13. FATHER'S NAME	, id.	Tanger	14. MOTHER'S MA					
Frederick	A. Gotsch		Marie (Gihring				
15. WAS DECEASED EVI	R IN U. S. ARMED FORCES? 16.		INFORMANT		Adde			
no		12-10-4524A Re	ev. C.W.Jor	dan,3525	Hayward	Ave.,	Balto.	15
	ATH [Enter only one couse per li	ne for (o), (b), and (c).]					INTERVAL BE	
PARI I. DE/	TH WAS CAUSED BY . CI	ongestive Hear	t Failure				1 wk	
143	DUE TO							
Conditions, if a		rterioscleroti	c C-V Dise	ase			3 yr	S.
gave rise to decrease (p), stating								
lying couse lost.	(c)							
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	ETERMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS A	AUTOPSY RMED?
3		none						NO 🔼
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING 206. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of inj	ury in Part 1 or Par	I II of item 18.)			
3 20c. TIME OF INJU		NJURY OCCURRED 20e. I	PLACE OF INJURY (Hom	e, farm, 20f. (Cit	or town)	(Cc	ounly)	(Stale)
20c. TIME OF INJUI	none 19 While		foctory, street, office bld	ig., elc.)				
	not I attended the deceas		, 19, 1	3-29-61	19	that I le	ost saw the	decease
		, ond that deat						
		1			treet, city or town,			ATE SIGNED
SIGNATURE	D. Eaf	Ces	м.D. 6 На	anover Rd			3-29-	61
PHYSICIAN'S NAME (Type)	D. D. Caples, M	. D.	Rei	sterstown	Md.			
220. BURIAL, CREMATIC	ON, 225. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)	(Slate	e)
REMOVAL (Specify Burial	4-1-61	St. Matthew	S	Balt	imore. Md			
23 FUNERAL DIRECTOR		ADDRESS	24:	. REC'D 8Y REGIS	TRAR 246. REGIS	STRAR'S SIGN	NATURE	
Wm. Cook-To	wson, Inc., 1050	York Rd. To	wson 4.Md.	TE 010 0 0	24	-1 0	1.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer de may be fixed by population of attending physician.

O FUN DIRECTO (there this certificate has been signed by the attending physician and completely fit page. I should be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

director, filed with

n by the fun and 2 should be

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moy be VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF	· SIAIISIICAL	KESTAKUM	ANU	KECOKI	72	BAL
2933	CE	RTIFIC	ATE	OF	DE/	ATH

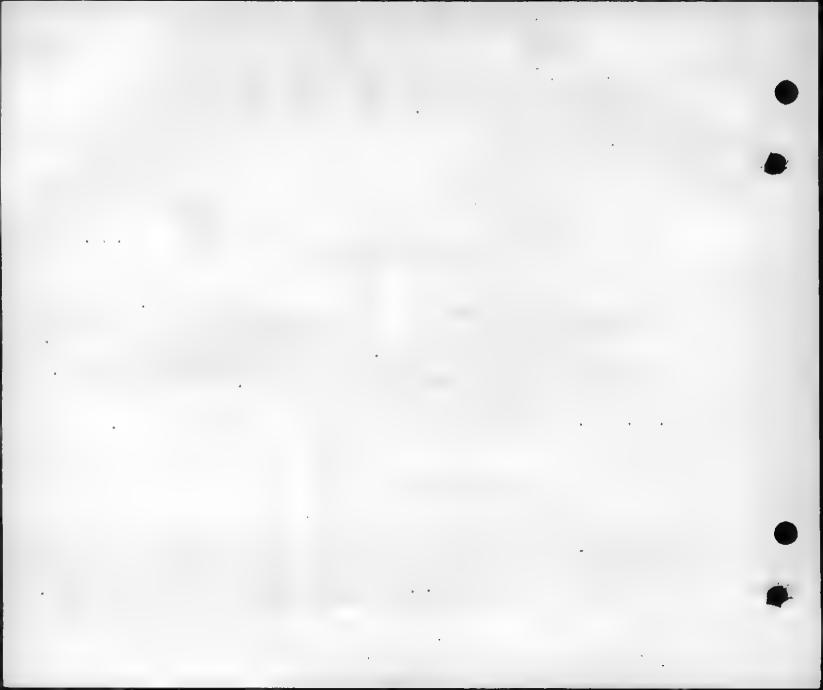
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	1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	a STATE	NCE (Where deceased Maryland	b. COUNTY	on Residence be	/
	b CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16		WN (If autside corpo ranite	rate limits, write R	URAL and give n	earest town)
Ç	d NAME OF HOSPITAL (If not in haspital, give or INSTITUTION Springfield State Ho	· · · · · · · · · · · · · · · · · · ·	d. STREET ADI	DRESS —			e. IS RESIDENCE ON A FARM? YES NO (X)
are.	3. NAME OF First DECEASED (Type or print) Hatti	Middle	Grulich	4. DATE OF DEATH	March) Year
		MARRIED NEVER MARRIED O	B DATE OF BIRTH March 30	, 1876	9 AGE (In years last birthday) 84 yrs	Months Days	R IF UNDER 24 HRS Haurs Min
1	10a. USUA. OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME	10b. KIND OF BUSINESS OR IND	New 14. MOTHER'S M	Jersey	ountry)	U.S.	DEWHAT COUNTRY?
)	IS. WAS DECEASEDEVER IN U. S. ARMED FORCES (You no, or unknown) (If yes, gave war or dotas of service)	7 16 SOCIAL SECURITY NO. 17.	Unkn INFORMANT Springfie	own eld Hospit	Add		
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Heart failure d infarction Lung abscess wi pulmonary	th broncho	pneumonia		ial	Meeks.
	C.B.S. assoc. with ce	ONS CONTRIBUTING TO DEATH BY TED TALL AT LETTE OS C.				ven in PART (a)	19. WAS ALTOPSY PERFORMED? YES A NO
800 .	20c TIME OF INJURY Manth, Day, Year Haur a.m.		PLACE OF INJURY (Ho actory, street, affice b		r ar tawn)	(Count	y) (State)
1	21 I certify that (I) (this haspital) a saw the deceased alive an March 220 SIGNATURE Constitute def 22c Physylian's NAMY (Type) Agustin de		M.D ATTENDING PHYS 22d, ADDRES	al:15AMram □ MED. □ DIRECTOR □	STAFF PHYS	nd an the da	te stated above. 22b DATE 3/17/61
	230 BLR AL, CREMATION 236 DATE THEREOF REMOVAL (Specify) 3-17-6, 24 FUNERAL DIRECTOR'S SIGNATURE A CHARLEST AND CHARLEST A	23 GNAME OF GRANDEN JODRESS SUBJECTION	OR CREMATORY		TION ICITY, town, Aferra Jone TRAR 25b. REGI		(State)

TO HOLT ILOR ATY (ILO PHYSICIAN: The law requires that the death certificate be executed within 24 hours after demonstrated by aspital or attending physician.

TO FUN. DIRECTOR: After this certificate has been signed by the attending plysician and campletely fit in by the funeral director, page 3 should be detached far use as the bur altransit permit. Then please remove carbon papers. Pages 1 and 2 should be fited with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death TO FUN

VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2934 CERTIFICATE OF DEATH

by the funeral director,

NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de

TO HOSPATAL OR ATT. ING PHYSICIAN: The law requires that the death certificate be executed within 22 may to take by bestituded an attending physician.

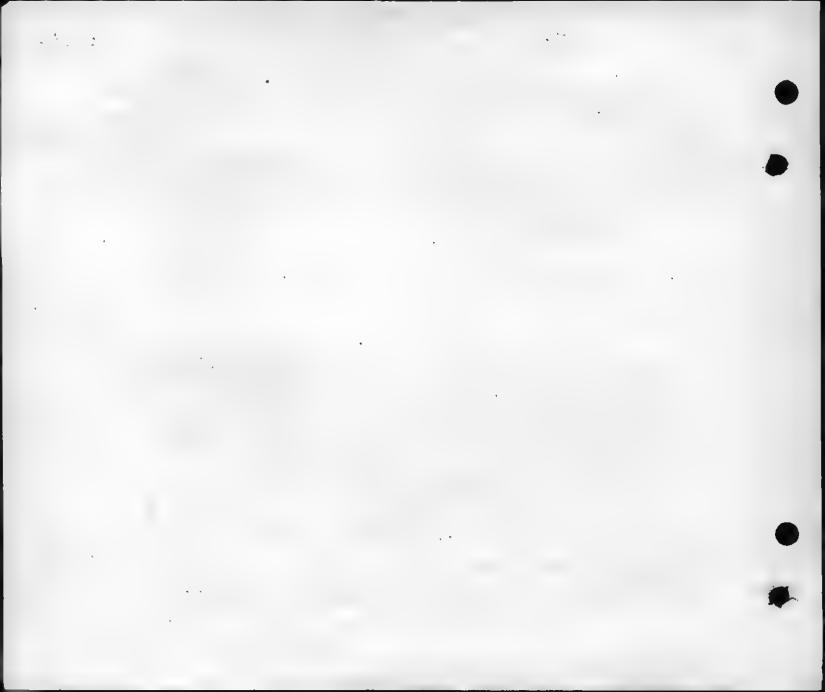
TO FUNDARY DIRECTOR: After this certificate has been signed by the attending physician and completely fine page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban popers. Pages the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

TO FUN

VR A15 (4) 15M 9/59

02917

1		COUNTY AND	o. STATE b. COUNTY?
ソ	_	CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		RURAL and give nearest fown)	And the act of the series of t
	4	I. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS
	ì	OR INSTITUTION	ON A FARM? YES [NO FT
	2 1	IAME OF Middle	a management
		IAME OF Middle DECEASED Type or print) GROUFER THOMAS	Last 4. DATE Manth Day Year OF DEATH MARION # 7 0 19/1
	5 5	(-00)	B DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR) IF UNDER 24 HRS
	5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Months Days Hours Min.
	10a.	USUAL OCCUPAT ON IG ve kind of work done 10b KIND OF BUSINESS OR INDL	ISTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		during most of working life, even if retired	of Circulter and 11.00
	136	LITTE MAT CHILLE RUPE MANS	14 MOTHER'S MAIDEN NAME
1	d	21.	Occasio Herdo
/	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 1	NFORMANT Address
		no, or unknown) [If yes, give year or deless of service] 2 16-08-2 400	ma thought The Comment forms
	H	10 CALICE OF DEATH (Sales and any man loss for fat this and fat t	IND MARKET CHANGES, DAME WARLEST BETWEEN
		18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c) } PART 1. DEATH WAS CAUSED 8Y	ONSEPAND DEATH
		IMMEDIATE CAUSE (o)	291-112 Short-steel
		4 O./ DUE TO	Sole i Hum to Sovero
		Ganditians, if any, which gove rise to immediate (b)	y sell rosis Hypertoused Someral
		couse (o), stoting the under-	& Scleenser
	z		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	CATION		PERFORMED? YES NO N
}		200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of Item 18.)
	CERTIF	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
			IACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State)
	MEDI	Hour o m White Not while p. m 19 of work of work	octory, street, office bldg , etc.)
		21. I certify that (I) (this haspital) attended the deceased fram	Jan. 6. 1956 to March \$ 1961, that (1) (we) lost
		161 A v 20 2 2 1	death accurred 445 M, from the causes and an the date stated above
		22a SIGNAJURE	22b DATE
		Western Speicher	M.D ATTENDING MED DIRECTED DIRECTED BHYS D 3/24/67
		22c PHYSICIAN'S NAME (Type)	22d. APORESS
			withen the
	23a	BUR AL, CREMATION, 236, DATE THEREOF, 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	K	PREMOVAL (Specify) 3/31/6/ Mysulusa	Cemeter Kind new wonder and
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25d. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
S.		x-2- myers, p-, wearm	Walle Magrie AR 3 161 CHOCK

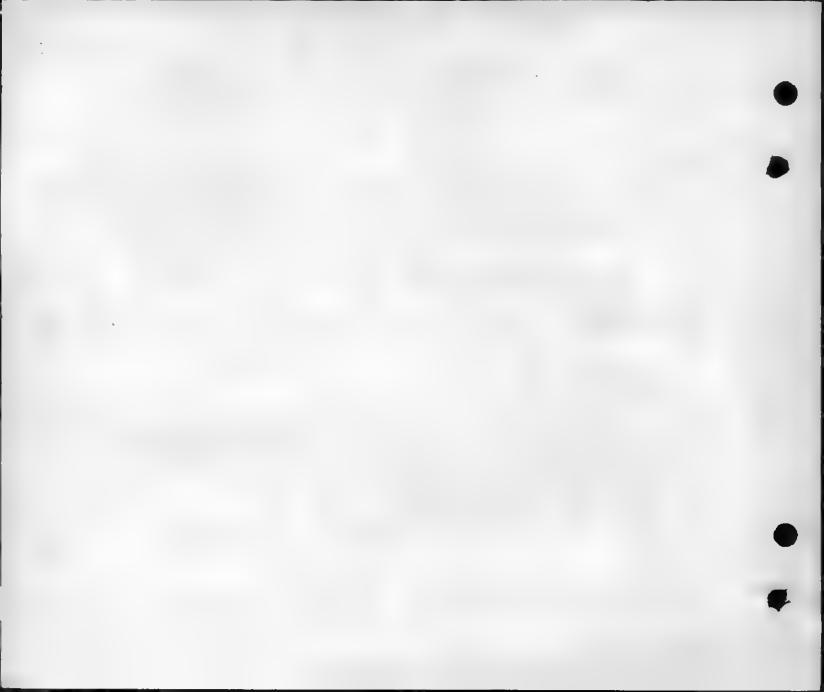


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUPAL and give hearest term) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) ploods d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ONLA FARM? by 12 Daughter's home NO puo NAME OF Middle 4. DATE Last Month Day Year DECEASED DEATH Pages (Type or print) 19 death Ų. IF UNDER 1 YEAR IF UNDER 24 HRS AGE (in years S. SEX COLOR OR/RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Days Hours Min. DIVORCED | camplet WIDOWED 10a USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDIVITRY | 11, BIRTHPLACE (State or foreign coupling) 12. CITIZEN OF WHAT COUNTRY? during most of warking life even if retired) puo 13. FATHER: SINAME 14. MOTHER'S MAIDEN NAME physician 17, INFORMANT 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO Address attending INTERVAL SETWEEN CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c) 쿱 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to **DUE TO** þ Conditions, if any which gned gave rise to immediate DUE TO couse (e), stoting the underlying couse lost burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES TO NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Month 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) Hour o.m. While Nat white at work at work p. m Spi 21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive and M, from the causes and on the date stated above. , and that death accurred at DIRECTOR 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF M.D. 22c. PHYSICIAN 22d. ADDRES 23c. NAME OF IDN (City, town, of county) 230 BURIAL CREMATION. 23b, DATE THEREOF FUN page the St DVAL (Specify 0 256 REGISTRAR'S S.GNATURE JINERAL-DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) DATE 15M 9/59



TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



293 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	2937		CERTIFIC	:A1	TE OF DEATH				0.2	920_
PLACE OF DEATH o. COUNTY	Carroll		MARYLAN	ND	2 USUAL RESIDENCE (Who		ed lived If institute b. COUNTY		e before o	dmission)
b CITY OR TOWN (If autside carparate limi	its, write	c LENGTH OF STAY IN	1b	c CITY OR TOWN (If ou	utside corp	orate limits, write f	URAL ond g	ive nearest	town)
~_	ryton		120 days		Balti	more	· Pu	3 6	1	111
	TAL (If not in hospital, g	jive street	oddress)		d. STREET ADDRESS				e. 15	S RESIDENCE ON A FARM?
OK INSTITUTION	Henryton	Staf	te Hospital		Homel	.ess				S NO K
3. NAME OF	Fir		Middle		Last	4. DATE	Mar	oth	Day	Yeor
[Type or print)	Rol	bert			Jenkins	OF DEATE	H Mar	ch	30	1961
5 SEX			RIED NEVER MARRIED	E 6	B. DATE OF BIRTH	3	9. AGE (In years	IF UNDER	1 YEAR IF	UNDER 24 HRS
Male	Negro	WIDOW			May 25, 1905	5	55 yrs	Months	Doys He	aurs Min.
10a LSUAL OCCUPATH	ON (Give kind of work	dane 10b	KIND OF BUSINESS OR IN	_	TRY 11. BIRTHPLACE (State of			12 CIT12	ZEN OF WI	HAT COUNTRY
Horse (king life, even if retired)			Lexington	. Ka	ntucky	u	.S.A.	
13. FATHER'S NAME	и.оошет.	1			14 MOTHER'S MAIDEN N.		HUUCKY		4.0 434	
	Author Ta	-1			Mary McC					
IS WAS DECEASED EVE	Arthur Je			17 IN	FORMANT	/Lul e		ress		
	(If yes, give wer or dates of s	service)						· Gara		
No			Jnknown	H	obert Jenkin	15 -	Patient			
			ne for (o), (b), and (c).]							AL BETWEEN AND DEATH
PART I, DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE (c	, P1	ofused Heme	rr	hage					
0 (1	DUE TO									
Conditions, if	ony, which \ /i-	, Fai	adv. pulm.	. t	bc. with a c	avit	y right			
gove rise to i		'/———— >	Pr.							
couse (a), stating lying couse last.	The under-	-1								
		IDITIONS	CONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMIN	NAL DISEA	SE CONDITION GI	VEN IN PART	P	WAS ALTOPSY PERFORMED?
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	URREC). (Enter nature of injury in P	Part 1 or Pe	ort II of item 18.)			
20c TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye 19	ar 20d. I While of wor	Nat while		CE OF INJURY (Home, farm, tory, street, affice bldg., etc.)	ity or town)	{C	(aunty)	(Stote
21 I certify the	at (1) (this haspita	1) attend -30-	ded the deceased fro	om	11-30-	60 ta	3-30 m . n the causes a	19 6 nd an the	that date st	(i) (we) last
220 SIGNATURE	bagans M.	_			ATTENDING ME		STAFF		3-	22b. DATE SIGNED 30-61
22c. PHYSICIAN'S NAME (Type)	Edgars M.	Mac	ulans, M. D		22d. ADDRESS Henryton	Sta	te Hospi	tal, E	lenry	ton, M
23o. BUR-AL GREMATIC REMOVAL (Spec fy	3-31-	OF LIV	an a Torny	KT UI	Board	7,50	ATION (City_town,	or county)	221	(Stote)
Trum M	HA Miller	ell	ADDRESS /	5	250. REC'S		10.6	when &.		

filed with by the funera and 2 should be may to prined by the spital or attending physician.

Deute at DIRECTOR: After this certificate has been signed by the oftending physician and completely fill page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Hearth prior to burial, crematian, ar removal, and in any event, within 72 hours, effect death. TO FUNE VR A1S (4) ISM 9/59

NG PHYSICIAN: The low requires that the death certificate be executed within 24, haurs after de

TO HOSPITAL OR ATT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 939 CERTIFICATE OF DEATH

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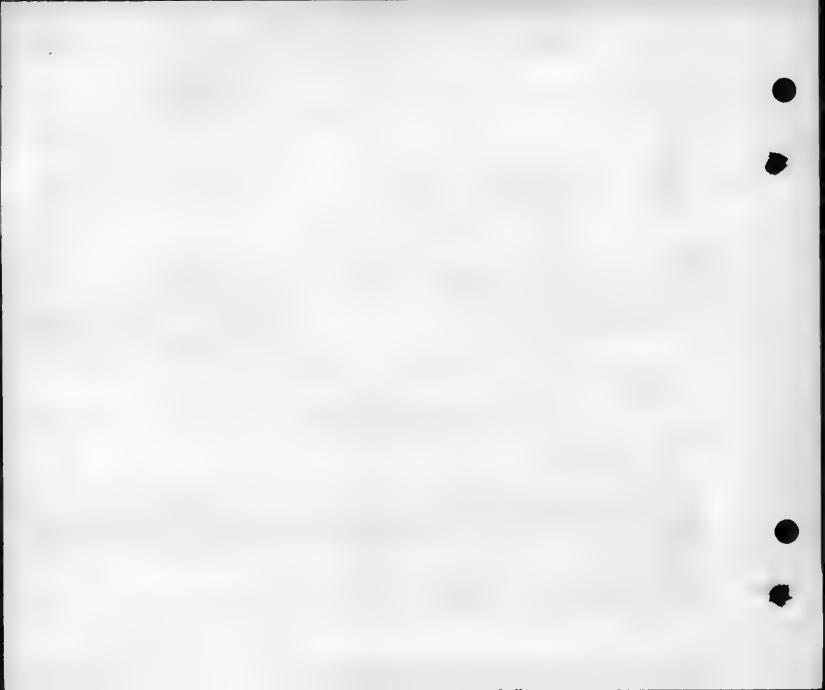
4	1. Pl	LACE OF DEATH	oll			MARYLA	ND 2.	o. STATE Maz	ylar	ere decease 1d	d lived. If in b. CO	stitution:	Residen	ce before Ingt i	e admissi ON	on)
	S	CITY OR TOWN (RURAL and give n ykesvill	earest town)		20yr	th of stay in	ys M	s.Pear	Knoz	wiside corpo moson ville	niece Md.	of OI	the			
C	d	or institution Springfi						The san		abov	e a	2	X	10	ON A	FARM?
,	DI	IAME OF ECEASED Type or print)	1	Howard		Russel.	1	Jone	S	4. DATE OF DEATH		Marc	ch	30.		961
Santa .	s se	ale	6. COLOR O		MARRIED N	EVER MARRIED		ATE OF BIRTH	000		9 AGE (In	years If day) ; yrs.	Months (Doys	IF UNDE Hours	R 24 HRS Min
3	N	USUAL OCCUPATION during most of wor None	ON (Give kind rking life, even i	of work done if retired)	10b. KIND OF	BUSINESS OR I		Marylar Mother's M	nd		ountry)			ZEN OF	WHATC	OUNTRY?
	13. F		iam T.J	ones				Unknow		IAME						
	(Yus.	NAS DECEASED EVE	ER IN U. S. ARA (If yes, give wor or			ECURITY NO	Hos	mant oital Re	core	ds S	presvi	Addres				
	CATION	Conditions, if c gove rise to i couse (o), storing lying couse lost.	the <u>under-</u>	ED BY: AUSE (o) DUE TO (b) DUE TO	Chronic	nephro		T RELATED TO T			. ,		1	ye.	PERFO	DEATH AUTOPSY RMED?
	CERTIFI	Mental 200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI	G T CAUSE OF MEDICAL EXA	G T 20b DEATH MINER)	DESCRIBE HO	iic, Sev	URRED. (E	nter noture of 1	njury in l	Port f or Par	t (Lof item)	days			YES M	NO [
	MEDICAL	Hour o.m.	KT MONTH, L	V	20d. INJURY OC While Not of work 0 of w	while		OF INJURY (Ho , street, office b			y or town)		3)	County)		(Stote)
		21 I certify the saw the deced 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)	ristr	, 3 = 3 u cl	10- 19	mipo	WIIII.	ATTENDING PHYS 22d. ADDRESS Spring	□ MI	M, fram	STAFF PHYS	ţ.	an the	date	3-31	SIGNED.
	8	BURIAL, CREMAT (REMOVAL (Specify)	, pros	13,19	61 5	ME OF CEMETE	RY OR CI			Ba	TION (City, I	22	county)	Z NATUS	not	-
	24 1	FUNERAL DIRECTOR	N'S SIGNATURE	1	1	DRESS Magazines	1	4./		D BY REGIS		KEGISTI		JNATUK	L	

be filed with NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours often may the fained by spital or attending physician. **3 FUN.** I **DIRECTOR** After this certificate has been signed by the attending physician and campretely fill page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Himilih prior to burial, remainin, or removal, and in any event, within 72 haurs after death.

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TO HOSPITAL



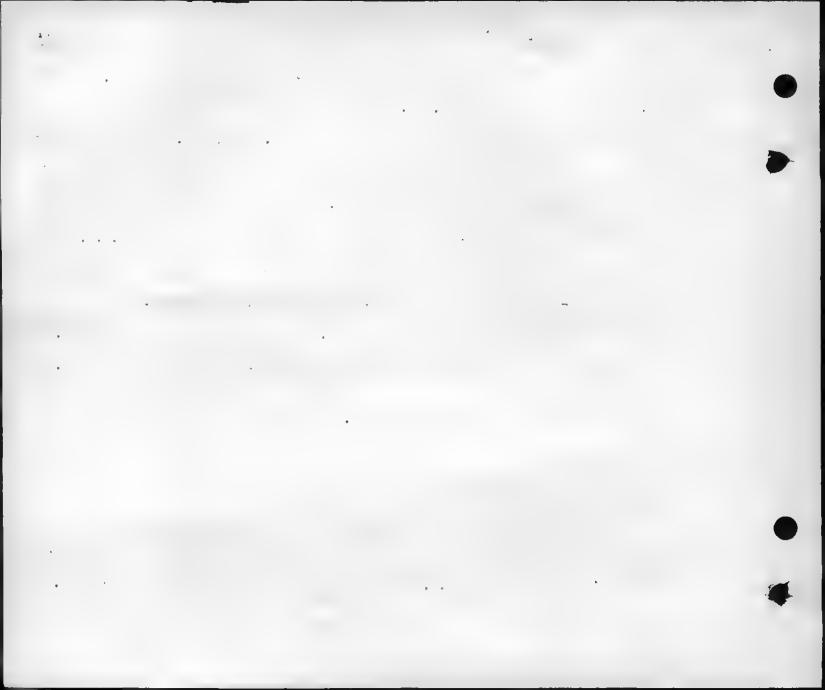
W. PRESTON STREET, BALTIMORE 1, MARYLAND AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY m. STATE Carroll Marvland Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ö New Windsor d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES X NO Stafe 3. NAME OF 4. DATE Middla Month Day DECEASED (Type or print) DEATH 1961 Cleveland March Kress Harry with 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit age 5 may 1 and 2 wi 72 hours last birthday) Male WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY 1Db. KIND OF BUSINESS OR INDUSTRY 1 16. SOCIAT SECURITY NO (Yas, no, or unkown) , (Ifyasgivewaror datesofservica) 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY: Asphyxiation due to strangulation. IMMEDIATE CAUSE (a) ALC: UK Conditions, If any, which gave rise to immediate cause DUE TO (a), slating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY PERFORMED? 70b. DESCRIBE HOW INJURY OCCURED. Server pature of a party in Part Lor Part Lor (lam 18.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Hung self 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 200 PLACE OF INJURY (Homa, form, Zur. 16 - or lown) Month, Day, Year (County) factory, streat, office bldg., etc.) Whila Not While at work at work | X | OR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Suicide X Homicide Undetermined manner death resulted from-Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TOTAL DATE SIGNED should be for FUNERAL 1 SIGNATURE March 18, 1961 DEPUTY MEDICAL EXAMINER EXAMINER'S William J. Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) (State) 40 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATEMAR 2 0 '61 arthur S. Kraus SM 7/59

MAKYLAND STATE DEPARTMENT OF HEALTH

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(State)

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CEDTIFICATE OF DEATH

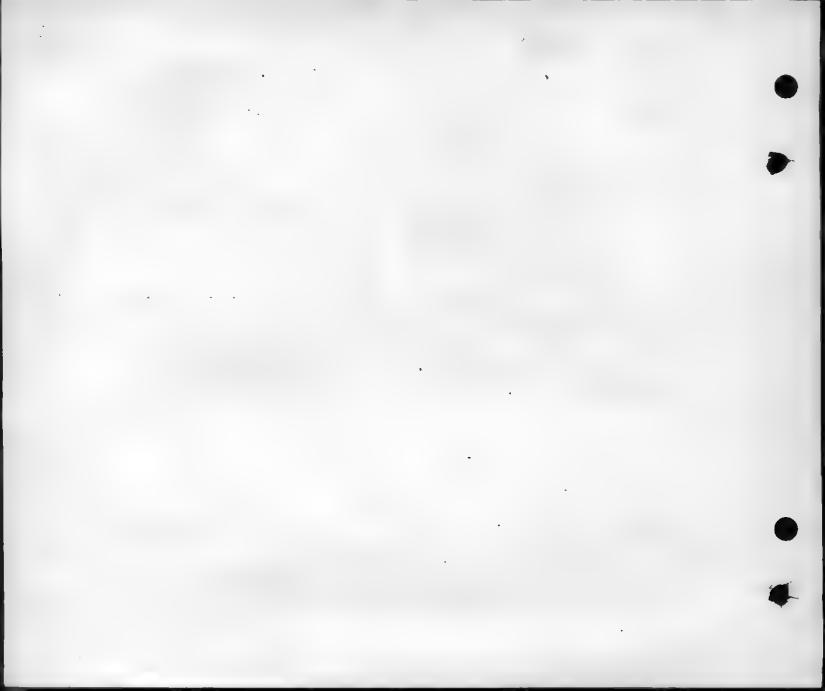
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	2347 CERTIFICA	IL OI DEATH	GMGMD
1 /	COUNTY AND MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Reside a. SPATE // CLUCK C. C. COUNT C.	ence before admission)
t	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR JOWN If outside corporate limits, write RURAL and	give nearest town)
	s. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS	* IS RESIDENCE ON A FARM? YES \(\text{\ti}\text{\texi}\text{\text{\text{\text{\text{\texi{\text{\texi{\texi\text{\\tin\tii}\tint{\texict{\text{\texit{\text{\text{\texi}\text{\texit{\text{\tet
	NAME OF DECEASED Type or print) AINNA - E - LEATA	1 E P 4. DATE OF DEATH 11641	2 4 19 6
S . S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH 10-23-1973 9. AGE (In years last birthday) 8. Age (In years last birthday) Months	R 1 YEAR IF UNDER 24 HR Days Hours Min
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LLL (Lovice Lovice)	STRY 11. BIRTHPLACE (State or foreign country) (12.CI	LC' 13 A
13.	FATHER'S NAME	14 MOTHER'S MAIDEN, NAME	
	Milleralier	Mulkyair	
TS. (Yas	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IN no. or unknown) 17 IV yes, gife wor or dates of service)	NO Leona Carepbell - 13.	oung Ill
	IB CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c)]		INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	Henry of an i-	27/Dear
	74/3 X DUE TO 0	O.	
	Conditions if any, which) (b) Herhy lives	i Caro. Character	2
	gave rise to immediate	Cardio. Concine Classes	
-	cause (a), stating the under- lying cause last. DUE TO (c)	esis Severelyed	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEARS CONDITION GIVEN IN PA	ART 1(a) 19 WAS AUTOPS' PERFORMED? YES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ALUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	(Caunty) (Stat
	21 I certify that (I) (this haspital) attended the deceased fram.	mel 1 195410 much 23 19	6/, that (I) (we) la
	saw the peceased olive on mil 23 1961. and that a	leath occurred at AM from the courses and on the	ne date stated above
	220 SIGNATURE	ATTENDING MED DIRECTOR PHYS	22b. DATE
	PHYSICIAN'S NAME (Type) Usept F. BUSL MO	22d. ADDRESS. AMPS + EAD MA	ryland
230	BURIAL CREMATION, 236 DATE THEREOF TENOVAL (Specify) 3-76-61 211 ELL	R CREMATORY 23d OCATION (City, town, or country Col)	es States f
24	FEMERAL DIRECTOR SSIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE
C	sole ce 12 1-1 plane place proplece	PATE MAR 2 8 '61 Clathur	2 Kings

TO HOSPY'AL OR ATTENING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer deap Page 4 may be anned by it spiral or attending physician.

TO FUNE AL DIRECTOR. After this certificate has been signed by the attending physician and campletely fill to be the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



arthur S. Henry

VR A1S (4) 1SM 9/59

		2973 CERTITOR	TE OF DEATH	Datan
>		COUNTY Please MARYLAND	2 USUAL RESIDENCE [Where deceased lived If institution Residence of STATE b. COUNTY COUNTY	e before admission)
	t	CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)	c CITY OR TOWNY (IF outside corporate limits, write RURAL and gr	ve nearest tawn)
	(NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d STREET ADDRESS	* IS RESIDENCE ON A FARM? YES NO
	- (IAME OF LECKASED Type or print) (7/4 A 18 L ES - A Middle L	EEG F. GEATH PROCEASE	Day Year 196/
	S. S	6 COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS Days Hours Min.
	30a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)		EN OF WHAT COUNTRY
	1	Eczelenia Leeze	LELLILE Lestes	
		WAS DECEASED EVER IN J S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN no or unknown] Pres give wor or dates of service 219-12-5926	- 71465 7+03 el Leage - 11/60	usherles h
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: JAMMEDIATE CAUSE (0) Congostive Heart I	7-11110	3 months
-		DUE TO Cor Pulmonale	- Supplies only Supply Sup	
1		Conditions, if any, which) (b)		4 years
		gave rise to immediate cause (a), stating the under lying cause last. DUE TO Fibrosis of Lungs (c)	3	15 years
	CATION	Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS ALTOPSY PERFORMED? YES NO
	L CERTIF	206. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part II of item 18.)	
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City ar town) (Citory, street, affice bldg., etc.)	aunty) (State)
		21 I certify that (I) (this haspital) attended the deceased fram	October 12-56. to Manch -20 19-6	耳, that (I) (we) last
		saw the deceased alive an March 19 1961, and that a	leath accurred at 5-8M, from the causes and an the	date stated above.
			M D PHYS STAFF DIRECTOR PHYS	226 DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) M. C. Porterfield, M. D.	Hampstead, Md	
	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF CEMETER OF CEMETERY OF CEMETER	R CREMATORY 23d BOCATION (City, lown, or county)	916d
	24	UNITAL DIRECTOR'S SIGNATURE ADDRESS	250. REC D BY REGISTRAR 256 REGISTRAR S SIG	NATURE

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

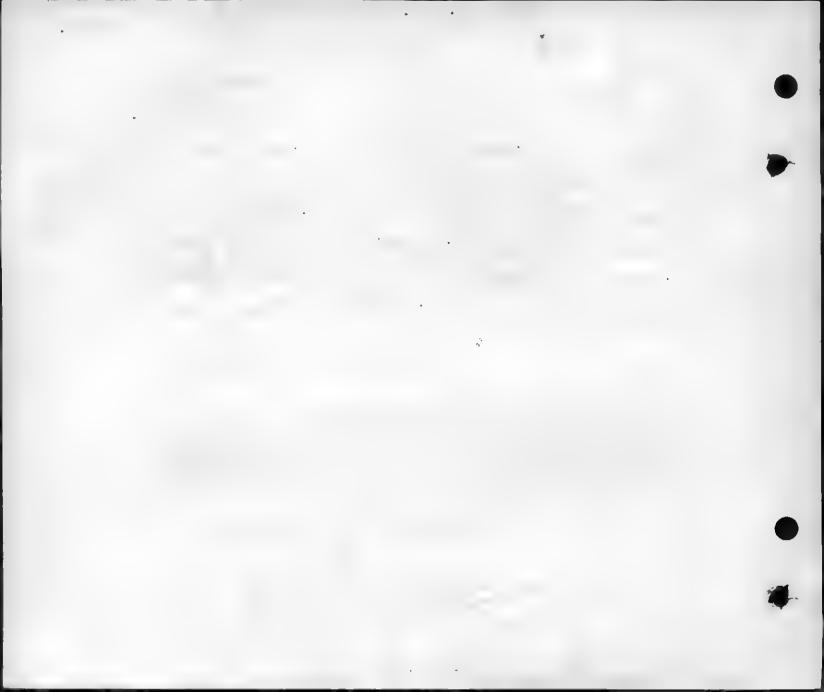
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		PLACE OF DEATH	2008	M	ARYLAND	2. USUAL RESIDENCE (If institution: Res. COUNTY	sidence befo	are admission)
i	ŧ	b. CITY OR TOWN (If	autside carporate limit	ts, write c. LENGTH OF ST	TAY IN 16	CITY OR TOWN	If autyide carporate lin	nits, write RURAL	and give ne	arest tawn)
	4	wext 1	14 2/16 233	solve 89	12-	Einal.	Wester	met	ZX	
		OR INSTITUTION	AL (If not in haspital, g	ive street address)		d. STREET ADDRESS) sirtlet	74	1	e. IS RESIDENCE ON A FARM? YES TO
ì	3	NAME OF DECEASED	Fin	it Mic	Idle	last	4. DATE	Manth	D	ay Year
	- ((Type or print)	NOAH	JACKSO	CN	LON'G-	OF DEATH	MAK	CH ,	15 196/
	5 5	SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	-	B. DATE OF BIRTH		birthday) Mai	NDER 1 YEAR	Haurs Min.
	10a	JSLAL OCCUPATION	N (Give kind of work)	MIDOWED . DIVO		TOY IT DEPTHOLOGISH	ate or foreign country)	yrs 1:	2 CITIZEN O	F WHAT COUNTRY?
		dyling mast af wark	ing life, even if retired)	1) + 1 1 1 1 1	10.00	1 Parset	112 30	2	12	50
	13/	FATHER'S NAME	0 -0	Step - mays	1 Signer	T4. MOTHER'S MAIDE	N NAME	-		0:27
)	1	miles	X. It	229		130	1/0.12 /s	MIZO		
/			R IN U. S. ARMED FOR	CEST 16. SOCIAL SECURITY	NO. 17. IN	FORMANT	,./	Address	4	
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			TH [Enter only one co TH WAS CAUSED BY:	use per line far (a), (b), and	(c).]	4110	ahi Bac	س ا د	ON	ERVAL BETWEEN
			IMMEDIATE CAUSE (a	,	NA!	LIFIK	6141303	1-9		3 DAYS
		Canditians, if an	w which \							
		gave rise to in cause (a), stating t	nmediate (
		lying cause last.) (c							
7	CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN II	V PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUR	Y OCCURRE	Enter nature of injury	in Part 1 or Part II of	item 1B)		
	MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yea	20d INJURY OCCURRED White Nat while		CE OF INJURY (Home, for		vn)	(Caunty) (State)
	ME	р. т.	19	at wark at wark			1	7		
		21 I certify that	(1) (this hospital) attended the deceas			196 [, ta			hat (I) (we) last
		saw the decease 22a SIGNATURE.	ed alive an	2/14_196/	ind that d	eath accurred at 2	M, from the c	auses and a	n the date	e stated abave
		12.	alibearn	J. 14260 2	26, 1	ATTENDING PHYS	MED. STA	rs 🗆	3/1	5/6 SIGNED
		22c PHYS CIAN'S NAME (Type)	WIZZIAM	L. STEWAR	CT.M.	22d ADDRESS 2 19 210	sc ,2D.	h s	7 4,1.	3 (2 2 1)
	230	BURIAL, CREMATION	N 236 DATE THEREC	23c NAME OF C	EMETERY O	R CREMATORY	23d LOCATION (City lawn, or cor	unty)	(State)
	1	2. 1)-xc.	13/17/	6/ 131the	L 47.	relien	64227	Um	137	d' .
A.	24	FUNERAL DIRECTOR'S	-1/10/47	ADDRESS			MAR 21 '61	256 REGISTRAI	- 11	INC.
h.	1		I A	10 6 6 61 111111	1 the Land James	I I WE DAIR				

D HOSPITAL OR ATTENCE HASICIAN: The low requires that the death certificate be executed within 24 frauts ofter death may be a may be a made by it. I pital or ottending physician.

D FUNE AL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill. It is the funeral director, page 3 hould be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs ofter death. UG PHYSICIAN: The low requires that the death certificate be executed within 24 thours ofter dea TO HOSP TO FUNE VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02928

	PLACE OF DEATH				2 USUAL RESIDEN	VCE (Where dec	eased lived. If institut		before admis	sion)
П	Ca	rroll		MARYLAND	a. STATE	Marylan	b. COUNTY	775 49 4	to.Cit	y .
	b CITY OR TOWN (If our RURAL and give neares Sykesvil	of Fown)		OTH OF STAY IN 16			carporote limits, write i	RURAL ond giv	e nearest low	n)
	d. NAME OF HOSPITAL			.7mos.26d	d STREET ADD	Baltimor	е 14		e IS RE	SIDENCE
6	OR INSTITUTION	, , ,							ON A	FARM?
		eld State H	lospital				ield Avenu		_	-
	DECEASED	Charl	00	Thomas	Lusco	4. DA			Day	Year
	(Type or print)					DE	4404 044			1961
	s sex 6	COLOR OR RACE 7.			8. DATE OF BIRTH	01 3.000	9. AGE (In years last birthday)	Months D	YEAR IF UND	Min Min
1			DOWED 🔀	DIVORCED [October		00			
	10a USUAL OCCUPATION (during most of warking	Give kind of work done life, even if ratired)	10b KIND OF	BUSINESS OR INDU	ISTRY 11 BIRTHPLAC	E (State or forei	ign country)	12. CITIZE	N OF WHAT	COUNTRY?
	Tailor		-	•	Italy			U	S.A.	
	13. FATHER'S NAME				14 MOTHER'S M.	AIDEN NAME				
	John Lusco				Ann	Culotta				
-	15 WAS DECEASED EVER IN	U. S. ARMED FORCES		SECURITY NO. 17	NFORMANT		Ado	dress		
	No	40	1	-	Springfie	1d Hosp	ital Recor	ds		
	18. CAUSE OF DEATH	[Enter only one couse	per line for (a)	, (b), and (c)]					INTERVAL 8	
		WAS CAUSED BY: MEDIATE CAUSE (a)	Bron	chopneumo	nis				Davs	
	401	DUE TO		i was opino anno	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Conditions, if ony,	which)								
	gove rise ta imm	ediote (
	couse (o), storing the lying couse lost.	under- DUE TO								
		SIGNIFICANT CONDITI	ONS CONTRIBI	ITING TO DEATH 8 1	T NOT BELATED TO TH	HE TERMINIAL IN	SEASE CONDITION G	VEN. INI PART	(n) 10 WAS	ALITOPSY
	C.B.S.ass	oc.with cer	ebral	arteriosc	lerosis wi	th psyc	hotic reac	tion.	PERF	DRMED?
1	2 200 ACCIDENT WAS IN	NIDERLYING TO TOO			ED. (Enter noture of in				162	NO 🔼
7	PART II OTHER C.B.S. ass OR CONTRIBUTING OR	CAUSE OF DEATH	DESCRIBE INC	JYY INJOKI OCCORK	ED. (Enier nontre or n	njury in rair i o	roll if of riem 10.;			
	20c. TIME OF INJURY Hour o m.		20d INJURY O		LACE OF INJURY (Ha	me, form, 20f.	(City or tawn)	(Co	uniy]	(State)
	Hour o m.		White Na at wark ☐ of v	t while	ciory, sireer, office o	(og., etc.)				
	21. I certify that ((this bosnital) a	ttooded the	deceased from	July 16	10 50	in March 12	10.6	1 that (I)	lun) las
	saw the deceased									
	220 SIGNATURE	dive du Troit	44	and that	dearn occurred o	الالرابطة بحاسبان ال	Axii the couses di	no on the t		B DATE
	Pariate	andil	Can	uber.	M.D. PHYS.	MED DIRECTOR	STAFF		3/-	SIGNED
	22c PHYSICIAN'S		UIVI V	11	22d. ADDRESS		K L LUIS L			L)/ QI
i	NAJAE (Type)	Agustin	delCamp	o, M.D.			ospital, S	ykesvi.	lle, M	i.
	230 BURIAL CREMATION, REMOVAL (Specify)	23b DATE THEREOF	23c. N	AME OF CEMETERY	OR CREMATORY	23d L	OCATION (City, town	or county)	(Sto	ita) j
	Removal	3/16/61	Mec	o Cathedr	al Cemeter	Ola	(Frederick)	RIBAR	2-29-	md.
	24 FUNERAL DIRECTOR'S SI	GNATURE	AD	DORESS	1 3	TREC'D BY R	EGISTRAB 1 256, REG	STRART SIGN	ATLEMENTA	
	reseal France	Jac. 7/2-140	". north	Duy Balt	(14.	ATE				
-	7									

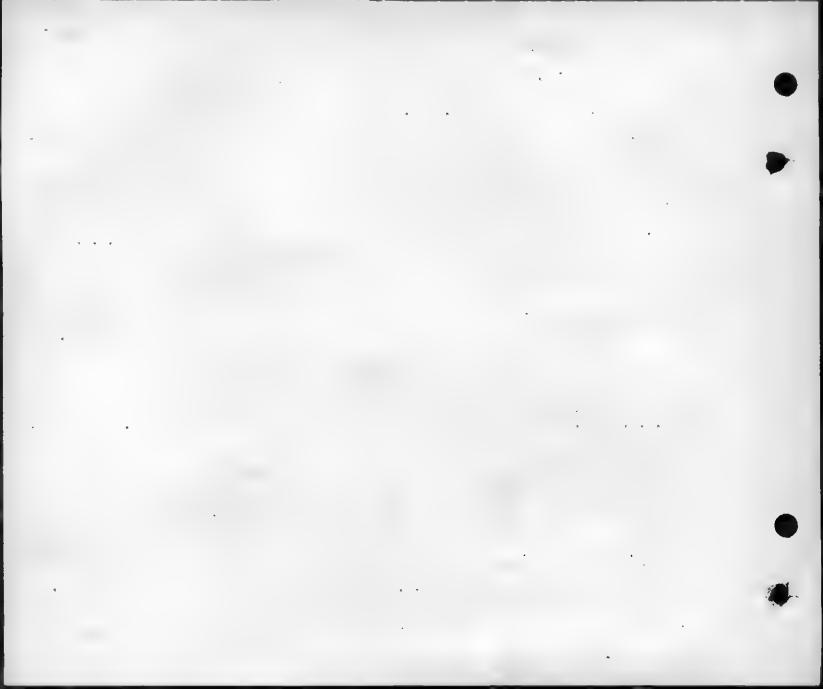
G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea Then please remove surban papers. Pages 1 TO HOSPITAL OR ATTE GENERAL BANDICIAN: The law requires that the death certificate be executed within 2 may to prove by the print of a strength of physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campretely fill page 3 should be detached far use as the burial-transit permit. Then please remove without pagers. Pages the State Board of Hearth print to burial, crematian, or remainal, and in any event, within 72 haurs after death.

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by the funeral director, and 2 shauld be filed with

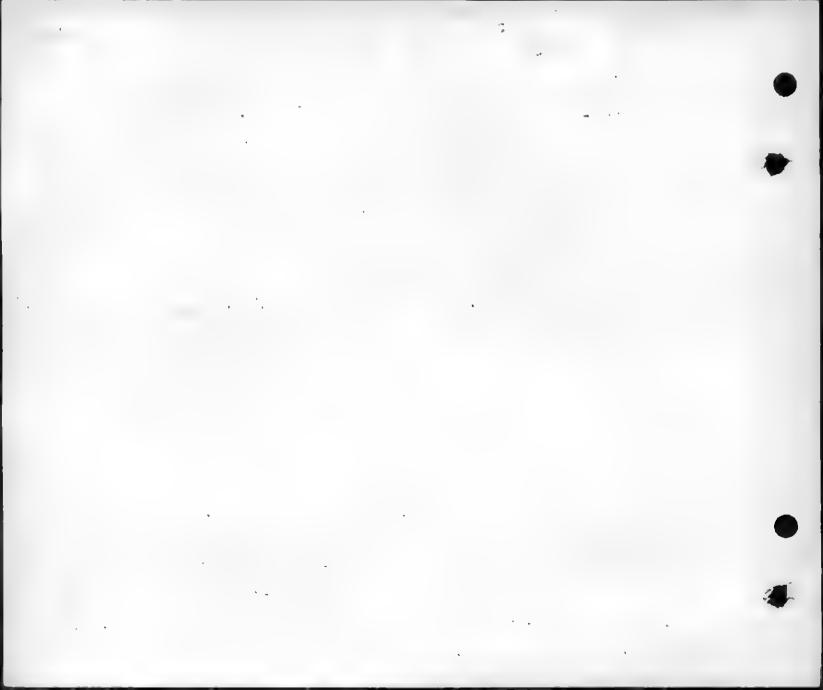
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PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 947 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) for your files. B. COUNTY e. STATE **b.** COUNTY Carroll Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l.m.ts, write RURAL and give neerest town) write RURAL and give neerest town; EW WINDSOR RURAL YEHKS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) New Windsor e. IS RESIDENCE ON K FARM? YES NO First 3. NAME OF Midd e 4. DATE Month DECEASED OF the May McKi.nnev and 2 with Mary Anna DEATH (Type or print) March 17. 1961.
AGE (In yaors | IF UNDER 1 YEAR; IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH lest birthday] Months Deys WIDOWED DIVORCED Female TON. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (SINIE OF 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) 13. FATHER'S NAME pages I within JOSEPH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or deles of service) RAYMOND MCKINNEY NEW WINDSOR 18. CAUSE OF DEATH [Enlar only one cause per lina for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot wound of head. Bud IMMEDIATE CALSE (a) Office DUE TO Conditions, if env. which geve rise to immediata causa buipued. DUE TO (a), steling the undarlying Examiner SP pesn PART I, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 xecute the certificate, writing the word if be forwarded to the CER Medical ERAL DIRECTOR: Page 3 should be cremat Medical should be NO 20b. DESCRIBE HOW IN!" RY OCCURED, (Enter neture of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age 3 short to burial, lf in head 20c. TIME OF INJURY Month, Dey, Yeer 20d. INSURY COLORISE ZOU. PL.C. I. ... P. C. A. ... " Jf. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While h ne way inmor et work at work 21. I certify that I took charge of the remains described above, held an Autopsy ispection Inquiry and in my opinion agent, death resulted from Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER BERT AL ASSISTANT MEDICAL EXAMINER TO March 18, 1 FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL CREMAT ON 1 226 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 H 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE A15ME DATEMAR 21 '61 Ciriling S. Thanks





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2	1.3	4.1	- %	48	
South	• 7	~		₩	

CERTIFICATE OF DEATH

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4.3	6243	CLKIIICA	IL OI PLAIII		116304
PLACE OF DEATH			2. USUAL RESIDENCE (Wh		ion: Residence before admission)
a. COUNTY Ca	erroll	MARYLAND	a. STATE Maryl	and b. COUNTY	Baltimore
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, v	write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate limits, write R	RURAL and give nearest town)
Sykesvi	ille	1 mo. 7 days	Monkton		X
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give	street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	field State H		Wesley C	hapel and Gert	
NAME OF DECEASED	First	Middle	Last	4. DATE Mor	/
(Type or print)	Benjam		Nicoll	DEATH March	- 7
i. SEX		MARRIED A NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last buthday)	Months Days Hours Min
Male		DIVORCED	October 29,		
Our USUAL OCCUPATION of Usual program of the company of the compan	ON (Give kind of wark dan- king life, even if rehred)	10b. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY
	king life, even if rebred) ngineer	State Rd.	Maryland		U.S.A.
. FATHER'S NAME	T 37		14. MOTHER'S MAIDEN N		
	James Nicoll		Annie Bar		
Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give wor or deten of service	e)	NFORMANT	· · ·	Iress
No	-	219-07-1961	Springfield	Hospital Reco	rds
1		per line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronchopneumon	ia.		Days.
6 4 "	or DUE TO				
Conditions, if a		Old myocardial	infarct		Years.
cause (a), stating		A			W
lying cause last) (c)	Arteriosclerot:			Years.
C.B.S. a	HER S.GNIFICANT COND T SSOC.WITH CEI	ions contributing to beath but edral arterioscle	TOSIS	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 201 G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Part I or Part II of Item 18)	
20c TIME OF INJU	RY Month, Day, Year		ACE OF INJURY (Home, farm		(County) (State
Hour a.m.		While Not while For	ctory, street, office bldg., etc.	.) [
		ittended the deceased from.	Jan 37 10	61 March 8.	10 67 that (IV (110) In-
	sed alive an March				nd an the date stated above
22a_SIGNATURE	sed drive driver	2 A And that c	beam accorded of 122	Man the conses of	22b DATE
Clari	to del	(Ennie	M.D PHYS.	ED STAFF RECTOR PHYS T	3/8/61 SNE
22c. PHYSICIAN'S NAME (Type)		Campo, M.D.	22d. ADDRESS	eld Hospital,S	ykesville, Md.
23a BUR AL, CREMATIC	ON 236 DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)
Burial		St. James		Monkton, M	,,
4 FUNERAL DIRECTO		ADDRESS	05- 000	D BY SECIETARE DE BEC	ISTRAR'S SIGNATURE
Brooks F	uneral Serv	rice, Towson 4,	Md. DATE MA	R 1 0 '61	, with at Theres

ector, should be filled with by the funeral ours after dec pup G EHYSICIAN: TILL law requires that the death certificate be executed within 24 & TO HOSPITAL OR ATTENDED TO ENTRING THE law requires that the death certificate be executed within 24 may the prince by the pital an attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitting page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages if the State Board of Health prior to burial, cremation, an remayal, and in any event, within 72 haurs after death.

VR ATS (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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			2950		CEKIII	ICAI	E OF D	SAII				UK	1903
	1, PL	ACE OF DEATH						DENCE (Who	ere decease	d lived. If instituti	an: Residence	before ad	mission)
	a.	COUNTY	Carroll		MARI	rLAND	o. STATE	Marvla	and	b. COUNTY	Balt	o.Cit	V
		CITY OR TOWN (II	outside carporate limit	s, write	C LENGTH OF STAY	IN 16	c. CITY OR T	OWN (If or	utside corpo	prote límits, write R	URAL ond giv	re nearest t	fown)
		RURAL ond give ne	orest town) sville		15 day	vs	В	altim	ore 5		2 4	1	. /
Ì	d. NAME OF HOSPITAL (If not in haspital, give street			ve street ac		1	d. STREET A		<u> </u>			e IS	RESIDENCE N A FARM?
Ш	0	OR INSTITUTION Spri1	ngfield Sta	te Ho	soital	-	27	01 As	hland	Avenue			N A FARM?
ŀ	3. NA	AME OF	First		Middle	11.	Las		4. DATE	Mor	nth:	Day	Year
		CEASED (pe or print)	Ja	mes			Nova	k	OF DEATH	Marc	h	24,	19 61
Ì	S SE)	K			D NEVER MARRI	ED [7] B	DATE OF BIRTH	1		9. AGE (In years		YEAR IF U	
1	1	Male	1	WIDOWED			August	25, 1	871	lost birthday) 89 yrs.	Months D	oys Ho	urs Min
Ì	10a. l	SUAL OCCUPATIO	N (Give kind of work d	one 10b. K	IND OF BUSINESS C	OR INDUSTR	Y 11 BIRTHPL	ACE (Stote o	or foreign c	ountry)	12. CITIZI	EN OF WHA	AT COUNTR
ı	d	Shoem	ing life, even if retired).		***		Cze	chosl	ovaki:	a	U	J.S.A.	•
1	13. FA	THER'S NAME		1			14 MOTHER'S	MAIDEN N	AME				
A		Joseph	h Novak				Kat	rina	?				
	Is. W	AS DECEASED EVER	IN U. S. ARMED FORCE		DCIAL SECURITY NO). 17, INFO	RMANT			Add	ress		
1	fim, n	No	If yes, give war or dates of se-	rvice]	None	S	oringfi	eld H	ospit	al Record	is.		
ı	Tı	8. CAUSE OF DEA	TH [Enter only one cau	se per line	for (o), (b), and (c).	.]							BETWEEN
Į		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Carcinoma of the prostate and bladder. Months											
ı		199 x	DUE TO	5 (1)								17.55	
		Conditions, if pr	iy, which } (b)	Ar	teriosclei	rotic	heart o	iseas	e.			Yea	rs.
1	gave rise to immediate Couse (a), stating the under-												
1		lying couse lost	(c)	Mul	ltiple abs	cess	of righ	nt kid	ney.			Mee	ks.
	NO.	C PARTUL OTH	ERS GNIFICANT COND	TIONS CO	NTR BUT NG TO DE	N ILE HIA	T RELATED TO	THETERMI	NAL DISEAS	E CONDITION G	VEN IN PART	1(o) 19. W.	AS AUTOPS
ı	CAT	O.D.D. a	3500 <u>T</u> a 00 a	11	bonizie po	Jones	2.00						NO [
H	CERTIFICATION	% ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH	20ь. DESCR	SIBE HOW INJURY O	CCURRED.	(Enter noture o	f injury in P	art I or Por	t II of item 18.}			
		F EITHER, NOTIFY	MEDICAL EXAMINER)										
	MEDICAL		Y Month, Day, Yea				E OF INJURY (I			y or town)	(Co	sunty)	(Sto
	MED	Hour o.m. pm.	19	While of work	Not while at work	TOLIG	y, silver, diffice	bidgi, eic.	1				
	2	1 I certify tha	t (l) (this haspital)	attende	d the deceased	from	March 9	2 19	61 _{. to} 1	March 24,	1963	that f	l) (we) lo
			ed alive on Mar										
		20 SIGNATURE	. 1	1 0)								226 DATE
			ster de	l Co	weeks	M.	ATTENDING	□ ME	D. RECTOR	STAFF PHYS 📉		3/	/211/6
	2	2c PHYSIC AN'S NAME (Type)	4	3.30	- ALD		22d ADDRE		d Uan	pital, S	rleo ovii	17.0	ма
		- (-//)	Agustin o	se Tosu	npo, M.D.		эргш	TIET	.u 1105	DICAT, D.	yKesvi.		1104
	23a. E	BUR AL, CREMATIO	1 1 1 1	-	23c. NAME OF CEM					TION (City, town,		(State)
	1	Buriat	3/28/6]		Holy Red	deeme	er Cem	etery	E	Baltimor			
	24 FL	JNERAL DIRECTOR	SSIGNATURE	Home	ADDRESS				BY REGIS	4	ISTRAR'S SIGN		
	2	501-3-5	Funeral E. Madiso	nome St	, Inc.			DATEMA	2 8 '6	an	Um S. F	Travel	

h by the funeral and 2 shauld be D HOSPITAL OR ATTENTING MHYSICIAN: The law requires that the death certificate bill executed within 24 may to the fined by the pital or attending physician.

D FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fit page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death. TO FUN

MHYSICIAN: The law requires that the death certificate bill executed within 24

TO HOSPITAL

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY **6 COUNTY** Carroll MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write **CUENGTH OF STAY IN 16** c. CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) Sykesville 22yrs.lmo. Frederick d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INST TUTION Springfield State Hospital Hamilton Ave. YES NO TE Middle Manth Year DECEASED OF DEATH Potts March 61 George (Type or print) 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX last birthday) Manths Days Hours December 1,1888 Male White WIDOWED [DIVORCED T 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Carpenter Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Potts Elizabeth Miller Andrew WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address No Springfield Hospital Records 18 CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY Massive hemorrhage from chronic duodenal ulcer. Hours. IMMEDIATE CAUSE (o) DUE TO Polycystic kidneys. Years. Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause lost. B.S. associated with central nervous system syphilis, meningoencephal-PERFORMED? itic, with psychotic reaction. YES 🔣 NO 🗍 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f (City or town) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg. etc. 0. m White Nat while of wark of wark 21 I certify that (I) (this haspital) attended the deceased from March 7, 1955 March 6, saw the deceased glive an March 6, 19 61, and that death accurred at ____ M, from the causes and an the date stated above 22a SIGNATURE 22b DATE 6/61ED ATTENDING PHYS MED DIRECTOR STAFF PHYS DO MD 27c. PHYSIAIAN'S NAME (Type) 22d ADDRESS Agustin del Campo. M.D. Springfield Hospital. Sykesville, Md. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn, ar county) (State) REMOVAL (Specify) Frederick Co., Md. KXXXX Oak Hill Cemetery Legore. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR Cithur S. France

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physician

attending 1

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burial-transit peen :

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arthur S. Thous

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

b COUNTY

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-	~	-	-
- 9.3	Ω	F	E)
-	-4	- 7	1
- 8-2	2	U	6.4

Carroll

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

1	
ed wit	1. PLACE OF DEATH 0. COUNTY
2 3 (M)	b. CITY OR TOWN RURAL and give
by the funeral alregar, and 2 shauld be filed with	d. NAME OF HOS
by and 2	Springfie
3	3. NAME OF DECEASED (Type or print)
Pages Pages er death	S SEX
the attending physician and campletely fit. Then please remove carbon papers. Pages and in any meent, within 72 hours after death	Male 10a JSUAL OCCUPA during most of w Chauf
sicion or virthin 72	13. FATHER'S NAME Walter
ng ph) e remo	15. WAS DECEASEDE (Yes. no. or unknown) NO
pleas omy	18 CAUSE OF D
Then t	PART I. D

		Rural - Sy		6mo. 16 da	ys Bal	timore	-	- V . 1 . 1	h	
		d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give	e street address)	d. STREET ADDRES	\$		e. IS RESIDENCE ON A FARM?		
1	S		State Hosp	ital	4545 N.	Charles St	reet	YES NO	t	
p.	3.	NAME OF DECEASED	First	M.ddle	Lost	4. DATE	Manth	Day Year	Ī	
		(Type or print)	MARSHAI	L WILSO	N RIDGELY	DEATH	3	24 1961		
	5 5	SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AC		ER 1 YEAR IF UNDER 24 HR	5	
		Male	White v	VIDOWED DIVORCED	□ 4-23-94		66 yrs Months	Days Haurs Min.		
	10a	JSUAL OCCUPATION	N (Give kind of work da ng life, even if retired)	ne 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (S	tote or fare gn country	12.0	TIZEN OF WHAT COUNTRY	17	
		Chauffe		Private-Retire	ed Mary.	land		USA		
	13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
(\pm)		Walter B.	Ridgely, d	lec.	Blanc	he M. Hurt	5			
	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	'MINSORMANITShall	W. Ridgel	y-4545 "N.	Charles St.	Ī	
	Ĺ	no		218-03-0655	Hospital !					
		18 CAUSE OF DEAT	H Enter only one cous	e per line far (a), (b), and (c).}				INTERVAL BETWEEN		
		PART I. DEAT	H WAS CAUSED BY- IMMEDIATE CAUSE (a)_	Coronary Ins	ufficiency			onset and death		
		1-7-30	DUE TO							
		Conditions, if an	y, which) (b)_	Arteriosclero	tic heart dise	ase		vears		
		gave rise to im cause (a), stating th	mediate (_	
		lying couse lost.	(c)							
	<u>N</u>			TIONS CONTRIBUTING TO DEATH						
.gh	CAT	Chronic B		ome associated w				hout /YES NO E	9	
4	CERTIF	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY Hour o. m	Month, Day, Year	20d. INJURY OCCURRED 20 While Not while of work of wark	le. PLACE OF INJURY (Home, foctory, street, office bldg.		wn)	(County) (State	e)	
	ŀ	21 I certify that	(I) (this hasnital)	attended the deceased fr	om 9-8-60	10 to	10	, that (I) (we) la:	-	
		saw the decease	d alive an 3/2		nat death accurred at					
		220 SIGNATURE	L / /1	17 / 7		TE MY TOUR THE	caoses and an i	22b DATE	_	
		901	mill My	1. M, conf.	ATTENDING PHYS.	MED ST.	AFF YS.	3/24/61 SIGNE	D	
1		22c PHYSICIAN'S NAME (Type)			22d. ADDRESS					
			le M. Gross.	M.D.	Sprin	gfield Sta	te Hospita	1	-	
-	23a	BURIAL, CREMATION	, 23b DATE THEREOF	23c NAME OF CEMETE	RY OR CREMATORY	23d EOCATION	(C ty, tawn, or county	r) (Stote)		
	Bu	REMOVAL (Specify)	3-27-61	Old Oakland	1 Cometerv	Oakland 1	Mar. Mar	vl and		
	24,	FUNERAL DIRECTOR'S	SIGNATURE . 7.		. 2So. I	REC'D BY REGISTRAR	25b REGISTRAR'S			
		1 *****	2	1 1/2/1	DATE	AR 2 7 '61	arthur g	House		

Maryland

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

certificate has been signed by aned by the TO FUN

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

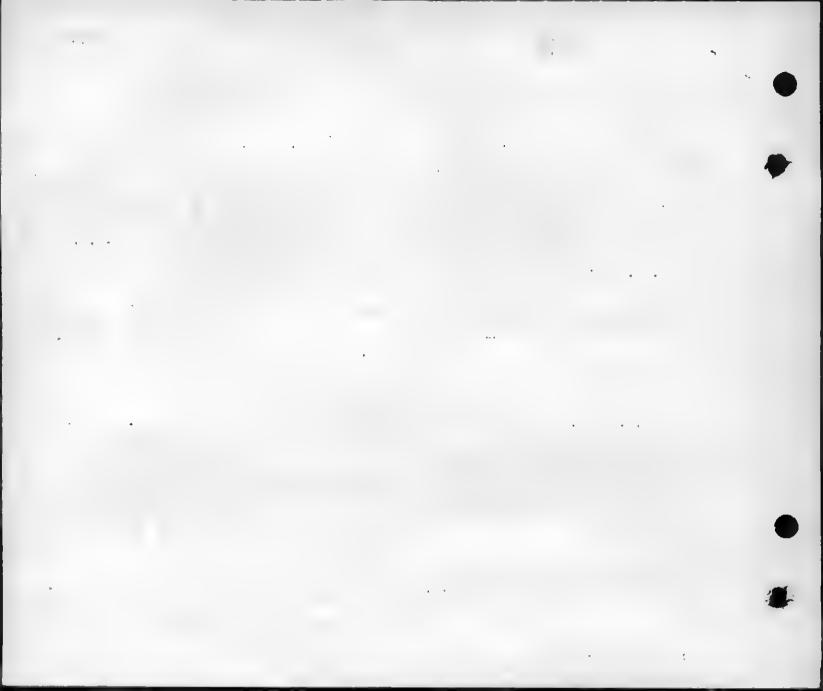
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e .			NUU										
1	1. PLACE OF DEATH o. COUNTY Carroll				MARY	LAND	2. USUAL RESIDENCE (Who STATE Mary)		lived. If institution b COUNTY		efore admir		
	Ŀ	CITY OR TOWN (H RURAL ond give ne Sykesvi	f outside corporate limi earest town) LLe	ts, write	1 mo. 8	- 11	c. CITY OR TOWN (If or Silver			JRAL ond give	nearest fow	n)	
-	(OR INSTITUTION	AL (If not in hospitol, g ield State				d. STREET ADDRESS	d. STREET ADDRESS 571 E. University Lane			e. IS RESIDENCE ON A FARM		
			rera boate	iioob		11	7) T B 011		of pane				
		Type or print)	Myra Myra	_	igh Minor		Riley	4. DATE OF DEATH	March	n	8,	19 61	
	S. S	Female	6 COLOR OR RACE White	7 MARI	RIED NEVER MARRIE ED 🐧 DIVORCEI		June 25, 187		P. AGE (In years lost birthdoy) 85 yrs.	Months Day			
	10a	USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS O	R INDUST	RY 11 BIRTHPLACE (Stote of	or foreign cou	untry)	12 CITIZEN	OF WHAT	COUNTRY?	
		None None FATHER'S NAME	ing`life, even if retired)	-		Virginia	1		U.	S.A.		
1	13.												
		W. D. M:					Julia -	•					
		WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17 INE	ORMANT		Addr	ess			
		No	-		577-05-7813		Springfield	Hospi	tal Recor				
			TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).		opneumonia di	re to		1	nterval b Onset and Days	D DEATH	
,		DUE TO Staphylococcus.											
		Conditions, if or)									
		couse (o), stoting l	The under-										
	TION		er significant.con SSOC.WITh		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMIN	NAI DISEASE Sychot:	condition Givi	EN IN PART 1(19 WAS	AUTOPSY DRMED?	
	FICA										YES C	00 [
- 100	L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY O	CCURRED.	. (Enter noture of injury in P	ort for Fort	II of item (B.)				
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month Day, Ye 19	While	NJURY OCCURRED Not while t ot work		CE OF INJURY (Home, form, pry, street, office bldg , etc.		or lown)	(Covi	nty)	(State)	
							anuary 30, 19 ath accurred al 2:						
		220 SIGNATURE	istini d	11	Com ko			D.	STAFF PHYS			26 DATE SIGNED 8/61	
		22d PHYSIC ANS NAME (Type)	Agustin de	elCam	ро, М. D.		22d ADDRESS Springfie			ykesvil	lle, M		
	23a	BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	3/11/6	_	Ft. Line		CREMATORY Cemetery	23d. LOCATI	ON (City, lown, o		(Sto		
	24	FUNERAL DIRECTOR			ADDRESS		250 REC'E	BY REGISTR		TRAR'S SIGNA	ATURE		
		p.Robert	A. & Pumph	rey.	Bethesda	a, M.	aryland DATE MA	R 1 0 '6	1 · ·	2. ti	rotte		

by the funera ectar, and 2 should be filed with 117 TO HOSP 1, OR ATTE OF ENTRATED IN MINISTERIES The law requires that the diabth certificate be executed within may be sained by the half or offending physician and committee to FUNAYAL DIRECTOR: After this certificate has been signed by the attending physician and committeely firpage 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Hea th prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH ORE 1, MARYLAND

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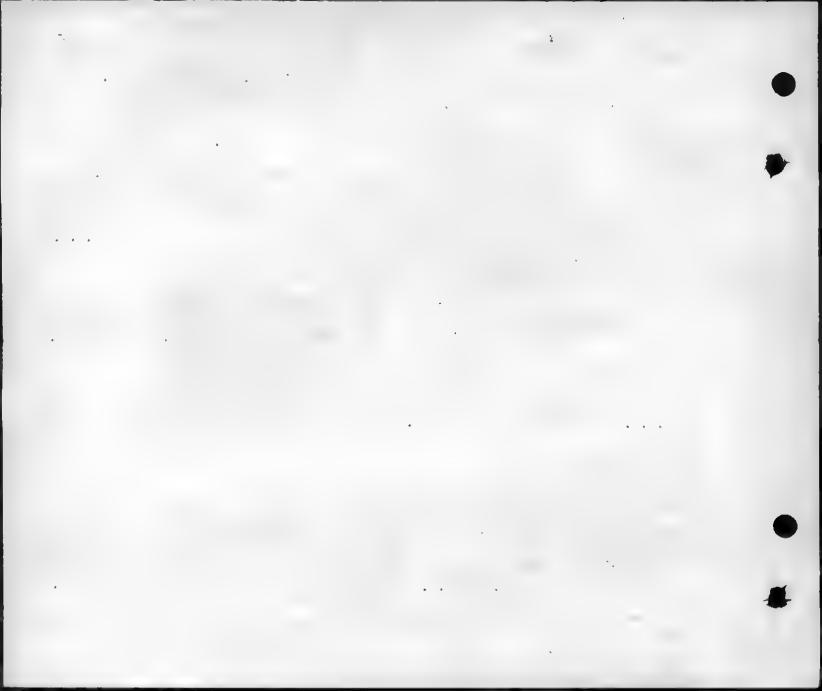
DIVISION OF	STATISTICAL RESEARCH	AND	RECORDS	- BALTIM
57.	CERTIFICA	ATE	OF D	EATH

	DIVIDION	VI	SIMILISHEWE KESENKELL WILD	MEGON	D3 -	0,	-
9	54		CERTIFICATE	OF	DI	EAT	[

		7777								(4.31)	4
)	PLACE OF DEATH o. COUNTY	arr oll		MARYL		o. STATE .	ence (Where deceased)	b COUNTY		before odmi	ssion)
~		f outside corporate limit	ls write	c LENGTH OF STAY	N 16	c. CITY OR T	OWN (If outside corp	porote limits, write f			wn}
	Sykesvi	lle		4 months			ltimore 29	>	- 1	- 1	- 1
	d NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET AL	DDRESS				A FARM?
		eld State F	lospi	ta l		120	Caton Av	7e.			NO K
3	NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Мо		Day	Yeor
(Type or print) Albert				Eu	gene	Rippe.	Lmeyer DEAT	н Marcl		.0,	19 61
S.	SEX	6 COLOR OR RACE	7. MARR	RED 🔀 NEVER MARRIEI	В	DATE OF BIRTH		9 AGE (In years lost birthday)		YEAR IF UNI	1
L	Male	White	WIDOW	DIVORCED		January	21, 1883	78 yrs	Months D	lays Hour	s Min.
10	during most of work	ON (Give kind of work of ing life, even if retired)	done 10b	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	ICE (Stole or foreign	country)	12 CITIZE	N OF WHAT	COUNTRY?
	Sales m			-		Mi	ssouri			U.S.	A.
13	FATHER'S NAME	<u></u>				14. MOTHER'S	MAIDEN NAME	4			
	Freder	ick Rippelr	neyer			- 1	Mahon	Marga	rut	Mar	V
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INFO	RMANT		Add	dress	-	/
Ĺ,,,	No	— — — — — — — — — — — — — — — — — — —		-	Sp	ringfie	ld Hospita	al Record	5		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c)]						INTERVAL I	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (Carcinoma o	f the	bladde	r with me	tastasis.		Year	
	181	DUE TO									
	Conditions, if o	ny, which) (b	ì								
	gove rise to i	mmediale (
	lying couse lost.	(c))								
CERTIFICATION											
FIG	20a ACCIDENT WA	S LINDERLYING (*)	20b. DES	CRIBE HOW INJURY OF	CHRRED	(Foter noture of	unusy in Post I or P	ort II of item 1B.)		11.5	7 110 [3
L CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				,		,			
MEDICA	20c TIME OF INJUR	Y Month, Doy, Yes			20e. PLAC	E OF INJURY (Fry, street, office	tome, farm, 20f. (C	ity or town)	(Co	unly)	(Stote)
MED	p. m.	19	While of wor	k ot work	10010	<i>y, siredi, dined</i>	anago, sico,				
	21 I certify the	it (1) (this hospital	1 offeno	led the deceased !	fram3.	/7/55	19 to	March 10	, 1967	L that (I)	(we) last
				19 61 and							
	220 SIGNATURE	,	et								
	Clons	stin de	1 6	Zampo	M.	D. PHYS	MED.	STAFF PHYS. 20		3/10	226 DATE SIGNED 61
	22c PHYSICIAN'S NAME (Type)		_			22d, ADDRE		14.3 0		13 - M	
	(don't (libe)	Agustin d	elCan	po, M.D.		Sprin	gfield Ho	spitar, S	ykesvi.	rre, h	u.
23	BURIAL CREMATIC	N, 236 DATE THEREO	F	23c. NAME OF CEME	TERY OR	CREMATORY	23d LOC	ATION (City town,	or county)	(51	tote)
	REMOVAL (Specify)	- 3/13/	61	PROSP	FC	THI	LL Y0	RK RU	70W	SO KI	MD
24	FUNERAL DIRECTOR	S SIGNATURE	7	ADDRESS			250 REC'D BY REG		ISTRAR'S SIGN		
	DIPPL	IL BRO	5	7110 BEL	A11	2 80	DATE MAR 1 3	'61 a	ritur 3. 1	traus	

TO HOSPITAL OR ATTER IG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after decording the may the fained by the pool or attending physician.

TO FUN LOCAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fither. By the funeral Eurectar, page 3 should be detached for use as the burial-transit permit. Then please remaine carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEA						
	CE	RTIFICA	ATE (OF I	DE/	ITA

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\ I					The state of the s							
)	1. PLACE OF DEATH o. COUNTY Garroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marv]	and b COUNTY	Residence before admission							
	b CITY OR TOWN (If outside corporate fimits, w	rite c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits write RU	RAL and give nearest town)							
	RURAL and give nearest town) Sykesville	47yrs.3mos.24da	ys Baltimore		SVC1 .4							
_	d NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	treet address)	d. STREET ADDRESS		e IS RESIDENCE							
د	Springfield State	Hospital	304 W.	Biddle St.	YES NO NO							
	3. NAME OF First DECEASED (Type or print) Abra	ham Middle	Scherman	4. DATE Month OF March	-0							
V				1101 011	IF UNDER 1 YEAR IF UNDER 24 HRS							
λ	Malo White	MARRIED NEVER MARRIED 🖺	s date of Birth January 2,188	The Administration of the Control of	Months Doys Hours Min.							
	10a USUAL OCCUPATION (Give kind of work dane	106. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF WHAT COUNTRY							
	during most of working life, even if retired) Tailor		Austria		Austria							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AMF	Musula							
	Isaac Scherman			Siegaltuch								
	15, WAS DECEASED EVER IN U. S. ARMED FORCES?		IFORMANT	Addre	9\$\$							
	(Yes, no or unknown) (If yes, give wor or dates of service)		Springfield H	ospital Record	s							
	18 CAUSE OF DEATH [Enter anty one couse	per line for (o), (b), and (c)			INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardial infar	ction		Days							
	DUE TO											
	Conditions, if ony, which)	Coronary occlusi	677		Days							
	gave rise to immediate	gove rise to immediate Dus TO										
	couse (o), stating the under-	4	2		Vacana							
	lying cause lost. (c)	Arteriosclerotic			Years							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W. PEI SCHIZOPHYPHIA. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTING OF DEATH OF FORT II OF PORT												
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort I or Port II of item 18)								
		70d INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farm, story, street, affice bldg , etc.)	; 20f. (City or town)	(County) (State							
	P. m. 19	t work at work										
	21 I certify that (I) (this hospital) at	ttended the deceased from	March 7. 19	ss .March 28.	1061 that (I) (we) las							
	saw the deceased alive on March	28, 1961, and that c	leath accurred at 11:	55 AMm the causes and	an the date stated above							
П	220. SIGNATURE	1 6 /										
	Mariston del	compo	M D PHYS. DIF	RECTOR PHYS.	3/28/61							
	27E PHYS GLAN'S NAME (Type)		22d ADDRESS									
	NAME (Type) Agustin de I	Campo, M.D.	Springfie	ld Hospital, S	ykesville, Md.							
	230 BURIAL, CREMAT ON, 236 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION City town or	county) (Stole)							
	2004 3-79-61	Koseda	le-	Galta	Ked							
	24 5LNERAL DIRECTOR'S SIGNATURE	DDRESS	On 250 REC'L		TRAR'S SIGNATURE							
	JOEK Tewis one ZIO	00 OUTOW 1	lace DAMEAR	30'61 arch	of S. Kraus							

n by the funeral creator, and 2 should be filed with may transported by the pital ar attending physician.

D FUN II DIRECTOR After this certificate has been signed by the attending physician and completely fungage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after-death TO FUE

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executed within 24

requires that the death certificate be

NG PHYSICIAN: The

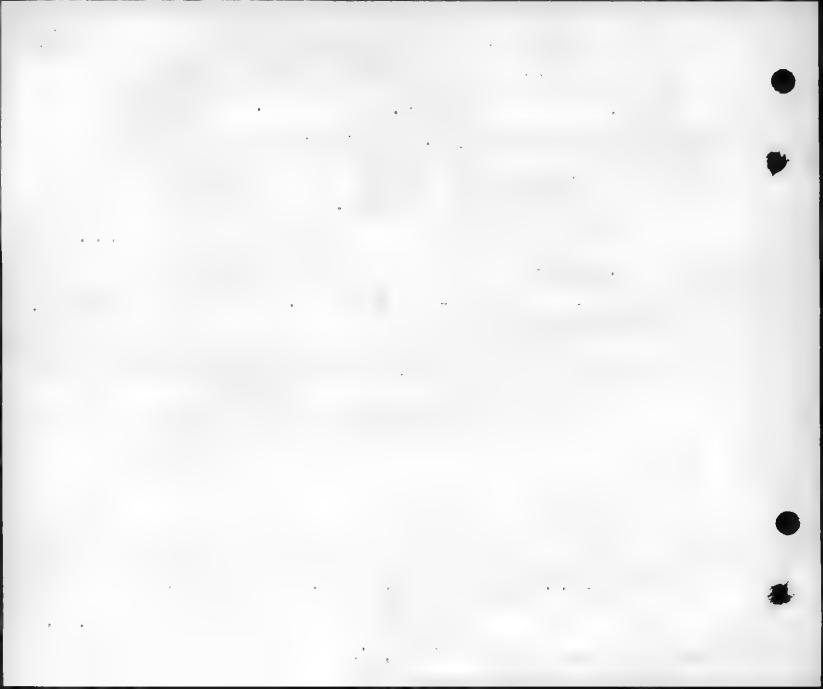
TO HOSPITAL OR ATTEN

VR A15 (4) 15M II/59



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARM FOR STATE 956MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on a. COUNTY a. STATE 6. COUNTY Carroll MARYLAND Maryland Washington b. CITY OR TOWN (if outside corporata I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your i write RURAL and give neerest town) Sykesville lmo.,9days Hagerstown - d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) . IS RESIDENCE ON A FARM? State | Springfield State Hospital 221 N. Locust YES NO 3. NAME OF 4. DATE DECEASED with the (Type or print) Alberta Elizabeth Harshman Semler DEATH 19 61 March uld be executed within 24 hours after death. In pencil in them 18. Give Pages 1, 2, and 3 to Misce along with form PM3. Page 5 may be vurial-transit permit, file pages 1 and 2 with the oval, and in any event within 72,höbrş after 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) Months I Hours February 11,1906 White Female WIDOWED [DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewi fe Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ira Victor Harshman Elizabeth Biddle This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgiva war or detes of service) Office along with burial-transit permi Springfield Hospital Records 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (a) Instantaneous **DUE TO** Heart failure Weeks Conditions, if any, which (b) gave rise to immediate cause "pending" DUE TO (a), stating the underlying cate, writing the word "pending to the Chief Medical Examiner" 55 Rheumatic heart disease Years cause lest. cremation, PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY Pre-senile brain disease. PERFORMED? 8 YES IK NO [plnods 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part II or Part II of Itam 18.) xecute the certificate, while the forwarded to the Chief Media to be forwarded to the Chief Media tender to buriel, or wing to buriel, or PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f, (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion death resulted from. Natural causes Accident | Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER IN 3/30/61 EXAMINER'S James T. Marsh, M.D. plnous NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMAT.ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 p Burial Rest Haven Cemetery Hagerstown, 24a, REC'D BY REGISTRAR 1 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME ^{M}d . Scott F. Minnich & Son Hagerstown, 5M 7/59 DATE





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	2059 CERTIFICA	TE OF DEATH	112341
7, F	LACE OF DEATH , COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institut on. Residence o. STATE b. COUNTY DA	before admission)
Ŀ	CCTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A 12.2	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
	I. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LINGER'S NURSING HEME	S320 Bezyl Rd	e IS RESIDENCE ON A FARM? YES NO.
1	NAME OF PIECEASED Type or print) SARAL Middle	5 mith of DEATH MARCH	Day Year 3 1967
S. S	F WIDOWED DIVORCED	OCT 11, 1878 lost Mirthdoy) Months Di	YEAR IF UNDER 24 HI
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life-even if retired) AT HOME	MARY LAND	SA
13.	ARLSON CAMPBELL	14. MOTHER'S MAIDENNAME FLBCRYA-RANDALL	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 18 NO or unknown) (If yes, give war or doles of service) 212-03 -8416-064	FLAMERIC KOLLER 8320 B.	Ryl Ryl
	18 CAUSE OF DEATH [Enter only one couse per lige for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY	discorte + 2-levister	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) Cold 929	+1	
	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c) Talvalar	I liseines of the heart	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(0) 19. WAS AUTOPS PERFORMED? YES NO
- CERTIF	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port or Port I of (tem 18)	
MED CA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL While of work of work	LACE OF INJURY (Home, farm, 20f. (City or lown) (Colorly, street, office bldg., etc.)	unty) (Sto
	21 I certify that (1) (this haspital) attended the deceased fram., saw the deceased alive an 3 - 2 1960, and that	death accurred at A.M. from the causes and an the	that (I) (we) lo
	220. SIGNATURE	M D PHYS DIRECTOR PHYS.	226 DATE SIGN
	22c PHYS CIAN'S NAME (Type) W. C. STGNE M &	27d ADDRESS	
23a	JEMOVAD (Speaify) 3/1///	OR CREMATORY 23d LOCATION (City_down, or county) BALLIMER 2	(State)/
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGN	

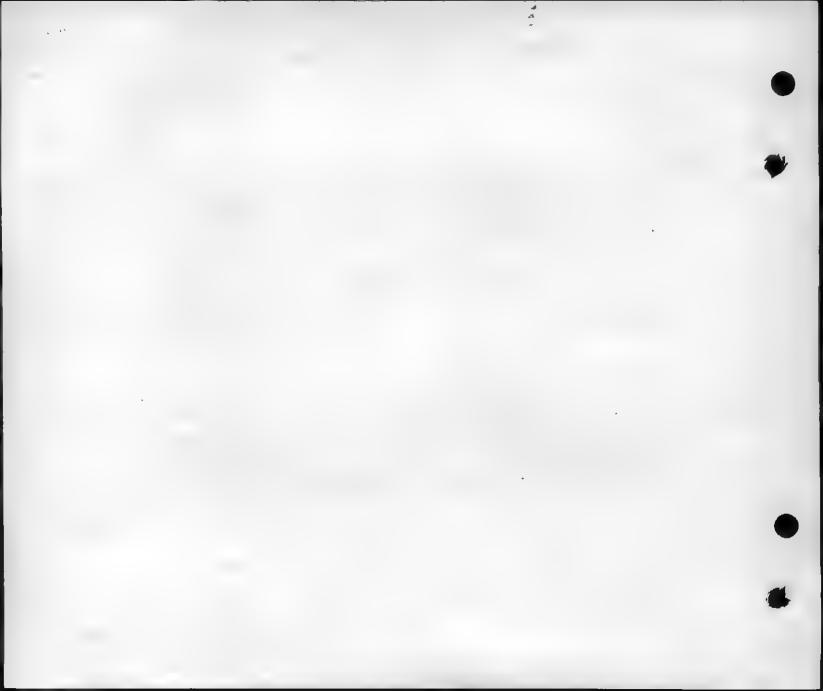
G PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OR ATTERMOOF PHYSICIAN: The law requires that the death certificate be executed within 24 may to calculate by the pool of tall ar attending physician.

TO FUNGEAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifting page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

i Sirector filed with

n by the funeral

VR A1S (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MONAN

Luchun & Thomas

L	2954 CERTIFICATE OF DEATH									
ſ	PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (WI	here deceased lived. If institution b COUNTY	ion Residence before admission)					
1	Carroll	MARYLAND	Maryland		Balto, City					
4	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		autside corporate limits, write R	(URAL and give nearest town)					
L	Sykesville	2 mos. 5 days	Baltimore	18	2101-7					
	d. NAME OF HOSPITAL (If not an hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
2	Springfield State Hospi	tal	2018 N. C	alvert Street	YES NO					
ŀ	3. NAME OF First DECEASED	Middle	l.ast	4. DATE Mon						
	(Type or print) Elizabeth	1 Grace	Stirling	DEATH March						
	S. SEX 6 COLOR OR RACE 7. MARI	RIED 🔲 NEVER MARRIED 🏋 🏻 8	DATE OF BIRTH	9. AGE (In years lost birthday)						
	Female White WIDOW	ED DIVORCED	March 3, 18	72 88 13	Months Days Hours Min.					
	0a USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST			12 CITIZEN OF WHAT COUNTRY					
1	during most of unching life auga if raticall	och Pratt Lib.	,							
ŀ	treffmire BRAILLE OPER.	TOCH_ITACC DID.	I MISTY LAINCE		U.S.A.					
- [3 FATHER'S NAME		14 MOTHER'S MAIDEN P	NAME						
1	777.77 1 (01.7-7.7		Elizabeth							
-	William Stirling	SOCIAL SECURITY NO. 17 INE	ORMANT	Add	Iress					
1	(Yes, no, or unknown)									
	No - 218-09-9958 Springfield Hospital Records									
ı	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]									
ı	PART I. DEATH WAS CAUSED BY:									
ı	IMMEDIATE CAUSE (a) GOTODTAL TOTOMOSIS 2 08ys									
ł	443 y DUE TO									
1	Conditions, if ony, which) (b) Hypertensive arteriosclerotic cardiovascular Years.									
	gave rise to immediate	I gave rise to immediate?								
1	cost (a), stating the ander-									
1	Iying cause lost. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS?									
1	¥				PERFORMED?					
	C.B.S. assoc. with sent	ile brain diseas	se with psych	notic reaction	. YES □ NO B					
K	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH									
	OR CONTRIBUTING CAUSE OF DEATH									
		20 014	or or in the forest terms.	005 (01)						
	20c. TIME OF INJURY Month, Day, Year 20d. I Haur a.m. While of war	f	CE OF INJURY (Home, farm ary, street, office bldg., etc		(County) (Stat					
ı	p. m 19 of wor	rk ot wark								
-										
1	21 I certify that (I) (this haspital) attended the deceased from Dec. 27, 1961, to March 2, 1961, that (I) (we) last									
1	saw the deceased alive an March 2, 1961, and that death occurred at 10PM, from the causes and on the date stated above									
1	22a SIGNATURE	2	A THE LOUIS CO.		225 DATE SIGNE					
1	Maneton del 1	lasse be "	D PHYS. D	RECTOR PHYS. DO	3-3-61					
1	722c PHYS DAN'S		22d ADDRESS							
1	22c PHYS (AN'S NAME (Type)	(a . a.	3 77 11 7 0	1					
	Agustin del Campo,			ld_Hospital,_S						
	230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City, town,	or county) (State)					
	BURTATSpecify) 3-6-61	Green Mount		Baltimore						
I	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RFC	D BY REGISTRAR 256, REGI	ISTRAR'S S'GNATURE					
	1.In Cash Inc 1217 Ct 1	Dans 7 C								

TO HOSPITAL OR ATTE of PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Rage 4 may 4. To ned by the old an attending physician.

TO FUNE, X DIRECTOR: After this certificate has been signed by the attending physician and campletely first in by the funeral Grecter, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Mealth priar to burial, cremation, ar removal, and in any event, within 72 hours after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal TO FUN

VR A15 (4) 1SM 9/59

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ard lirector, be filled with Poge 4 h by the fund NG PHYSICIAN: The low requires that the death certificate be executed within 24 may to found by spitol or ottending physicion.

S FUNE L. DIRECTOR: After this certificate has been signed by the attending physicion and completely fit page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR AT

TO FUN

VR A1S (4) 1SM 9/59

IV

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

L		4900	CEKTIFI	CAIL	OF DEATH			09049
-	o. COUNTY	Carroll	MARYL	- 11	USUAL RESIDENCE (WHO STATE Mary)		COUNTY /	nce before admission
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, w nearest town)	rite c. LENGTH OF STAY II	N 16	CITY OR TOWN (IF o	ulside corporate lim	its, write RURAL and	give nearest town)
	d. NAME OF HOSE OF INSTITUTION	PITAL (If not in hospital, give s	1 //	. 1	d. STREET ADDRESS			e IS RESIDENCE ON A FARM? YES NO
2 ***	3. NAME OF DECEASED (Type or print)	SARANO	4 Middle	_	THERIT	4. DATE OF DEATH	March	Day Year 23 196/
	Female	11 1/	MARRIED NEVER MARRIED	_ /	AN 7, 18	77 9. AGE	(In years IF UNDE birthday) Months	R 1 YEAR IF UNDER 24 HRS Days Haurs Min
	during most of wo	FION (Give kind of work done orking life, even if retired)	106 KIND OF BUSINESS OR HOME.		Maryl	or foreign country)	12.01	U.S.A.
	13. FATHER'S NAME	ER LEES	E·	14	LEGECCE	. Ving	ling	
	(Yes. no. or unknown)	VER IN U.S. ARMED FORCES? (If yes, give wor or dolles of service)		17 INFOR	William	Graf,	Miller	5 ML
		EATH [Enter only one couse (EATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	per line far(a), (b), and (c)]	My	ocarditis			INTERVAL BETWEEN ONSET AND DEATH
	Candilions, if		Hypertens	ire	Crdiovas	CULOUT	Visease_	
	gove rise to couse (a), stating cause las	g the <u>under-</u> DUE TO	Atteriose/	ras	is Preve	lined	,	
	PART II. O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CONT	DITION GIVEN IN PA	RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
ш	OR CONTRIBUTION	YG CAUSE OF DEATH	DESCRIBE HOW INJURY OF	CURRED. (E	nter nature of injury in I	Part I ar Part II of i	lem 1B)	ж
	Y 20c TIME OF INJU	v	Vhile Not while	20e. PLACE factory,	OF INJURY (Hame, farm street, affice bldg., etc	.) 20f (City or tow	n)	(County) (State
		nat (I) (this haspital) at ased alive an <i>Mara</i>					•	L, that (I) (we) last the date stated above.
	220 SIGNATURE	well &	Kent	MD		ED. STA	FF S []	3/23/6
	22c PHYSICIAN'S NAME (Type)	Joseph E. T.	Bush MID		AMP	CEAD	Mary	land
	PENOVAL (Spec	3/26/6/	28 NAME OF CEME	TER OR OF	ROLLIUS	23d LOCATION (C	A Sa # 2	- Yerlo Co
1	The Direct	res significant for the second	eg faunel	3 J-	250. REC'I	D BY REGISTRAR	25b REGISTRAR'S S	



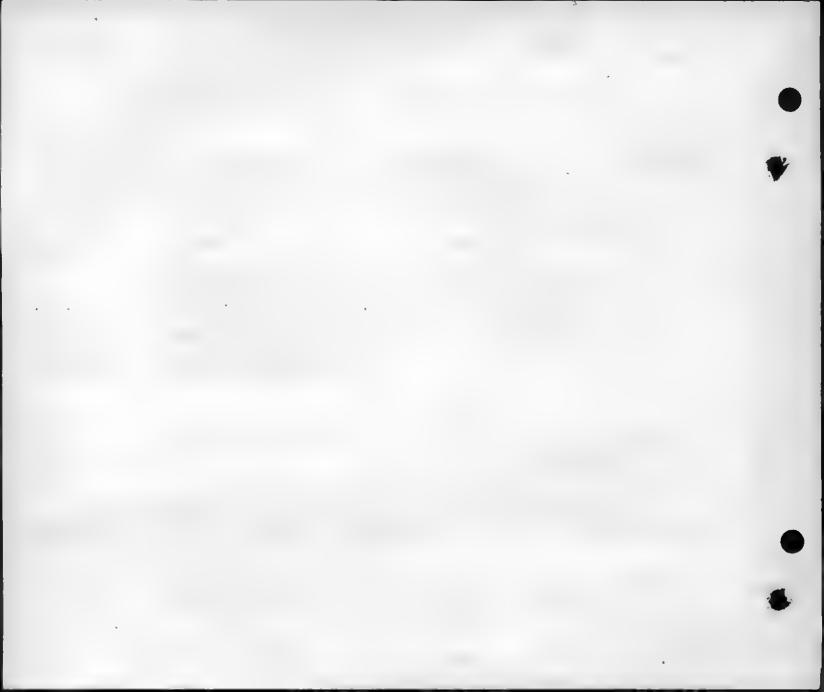
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2961 CERTIF	FICATE OF DEATH							
1. PLACE OF DEATH o. COUNTY Carroll MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE b. COUNTY Carroll							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Taneytown d. NAME OF HOSPITAL (If not in hospital, give street address)	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Taneytown							
OR INSTITUTION	d. IS RESIDENCE ON A FARM? YES NO							
NAME OF First Middle (Type or print) William McClellan	Vaughn 4. DATE Month Day Year OF DEATH March 31. 1961							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE DIVORCE	last birthday Manths Days Hours Min							
10c USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter Shipyard 13. FATHER'S NAME	OR INDUSTRY 17 BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY? Carroll Co. Maryland U.S.A. 14. MOTHER'S MAIDEN NAME							
David Albert Vaughn 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Total, no. or unknown) (If yes, give wor or dates of service)	Laura Ellen Groff O 17. INFORMANT Address							
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (o), storting the under- lying couse lost.	groussy arting Occlusion Ten Vices of Antonia Gentlesis 2472.							
OR CONTRIBUTION DE CONTRIBUTIO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? PLACE AS AUTOPSY PERFORMED? YES NO OCCURRED. (Enter nature of injury in and 1 or Port 1) of item 18.)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of wark at wark	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f (City or tawn) (County) (State)							
21. I certify that (I) (this haspital) attended the deceased fram 11/30/5919								
220 SIGNATURE R. D. McVaugh M.D ATTENDING MED DIRECTOR STAFF SIGNED								
22c PHYSICIAN'S NAME (Type) R. S. Mc Vaugh								
Burial April 3, 1961 Lutheran	METERY OR CREMATORY 23d LOCATION (City. town, or county) (Stote) Cometery Taneytown, Carroll, Maryland							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.O. FUSS & Son. Taneytown.	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Many and Date APR 3 '61 Could & House							

TO HOSPITAL OR A DINE EHYSICIAN: The law requires that the death certificate be executed within 2% haurs after may rained by the haspital ar attending physician.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fine in by the funcage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld the State Board of Health priar to burial, rematian, ar remaval, and in any event, within 72 hours after death. DINE EHYSICIAN: The law requires that the death certificate be executed within 21 havrs after

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND TON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution, Rasidence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND Larvland b. CITY OR TOWN (if outside corporate i mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) Baltimore = d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat ddrass) IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH Larch 17. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIXTH last birthday) Hours 'omale aug. 17, WIDOWED [DIVORCED [10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan firstirad) Housewife Balto. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Hess Karolyn 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yas, no, or unkown) | (Ifyas giva war or datas of sarvice) Varcheimno 030 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE [a] DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER & GNIFICANT CONDITIONS CON LTING TO DEATH BUT NOT 19. WAS AUTOPSY PERFORMED? YES NO 206. ACCIDENT WAS UNDERLY NG _ 206 DESCR BE HOW INJURY OCCURED (Enter nature of in ury in Part I or Part II of Itam 18)
OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED , 2De, PLACE OF INJURY (Homa, farm, 201. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, straat, offica bldg., etc.) Not While Whila at work at work ro.m. 21. I certify that (I) (this hospital) attended the deceased from Michigan 1961, and that death occured a WW. from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S , 23d. LOCATION (City, fown or county) (Stata) 23a. BURIAL, CREMATION, 23b DATE THEREOF 1234. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) ÷ 28 0 Purial Druid Kidse Cemeterv Pikesvilla, Marviard 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Ciriling S. Krund



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

963	CERTIFICATE OF	DEAT

	- 6000								<u>U</u>	M 17 .	T U
PLACE OF DEATH					2, USUAL RESIDENCE (Whe	ere decease		n: Resider	ce befor	e admiss	ion)
	rroll		MARYL	AND	Marvla	nd	b. COUNTY				
b CITY OR TOWN (IF RURAL and give nec		ls, write	c LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If ou	itside corpo	profe limits, write Ru	RAL ond	give ned	rest fowr	1)
Sykesville			2 mos. 4 d	avs	Baltime	ore #	5	-	V) /	- 1
d. NAME OF HOSPITA		ive street		11-71-11	d. STREET ADDRESS						IDENCE FARM?
011 11 11 11 11 11 11 11	ld State He	asnit	:a1		941 0.	Coll	ington Av	Α.			NO [7]
NAME OF	Fir		Middle		Lost	4. DATE	Mont		Da	у	Year
DECEASED (Type or print)	Emms		Holfu		WEBER	OF DEATH	2		5		19 61
SEX	6. COLOR OR RACE		RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR		
							lost birthday)	Months	Days	Hours	Min.
Female	white	WIDOW			6/24/76		84 1/15				
 USJAL OCCUPATIO during most of worki 	N (Give kind of work) ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign o	country)	12 CIT	IZEN OF	WHAT	OUNTRY
Housewife					Maryland				J.S.	Α	
FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
Julius Ho	Ifus				Helena So	chutz	e ·				
	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, 1N	FORMANT		Addr	BSS .		-	
No	it yes, give war ar acres or s	****(**)	None		Springfield He	ospit	al Record	S			
IB. CAUSE OF DEAT	TH [Enter only one co	use per li	ine for (o), (b), and (c).]						INTE	RVAL BE	TWEEN
PART I. DEAT	TH WAS CAUSED BY:	. Ce	rehrel thro	mbo	sis recurrent					et and	
fal.	DUE TO		STODIET OHIO	MINO	DID 1000110HO	•				24000	
Conditions, if on	* Kink		.+	+:-	cardio-vascu	lan d	isonse ui	t h			
gove rise to in	nmediate	,	-cerroscrerc	1016	Cardio-Vascu.	Lai u	TROUGE WY	OIL			
couse (o), stating t	he under- DUE TO			7 - 22	fibrillation					vear	
lying couse lost.) _{{c}									7	
PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEA	SE CONDITION GIVI	EN IN PAI	RT 1(0) 1	PERFC YES	DKWEDY
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	SCRIBE HOW INJURY OC	CURRED). (Enter nature of injury in P	ort I or Po	rt II of item 18.)				
20c. TIME OF INJURY Hour o m. p. m.	Y Month, Doy, Ye	20d. While at wo	Not while_		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		y or town)	1	County)		{State
21 I certify that	t (I) (this haspital) atten	ded the deceased f	ram	12-29-60 19	, ta	3/5/61	, 19	, th	at (I) (we) las

ar attending physician s certificate has been signed by the at≡nding se as the burial-transit permit. Then please re

il director, filed with

haurs after death

crematian, ar

saw the deceased alive an __

23g BUR AL, CREMATION, 23b. DATE THEREOF

Agustine del Campo, M.D.

22c PHYSICIAN S NAME (Type)

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

CALC

page 3 shi TO FUR

1SM 9/59

23c NAME OF CEMETERY OR CREMATORY 23d (PSATION (City, town, or county)

______19_____, and that death accurred at 8:45%, from the causes and an the date stated abave.

MED DIRECTOR

Sykesville, Maryland

Moneland

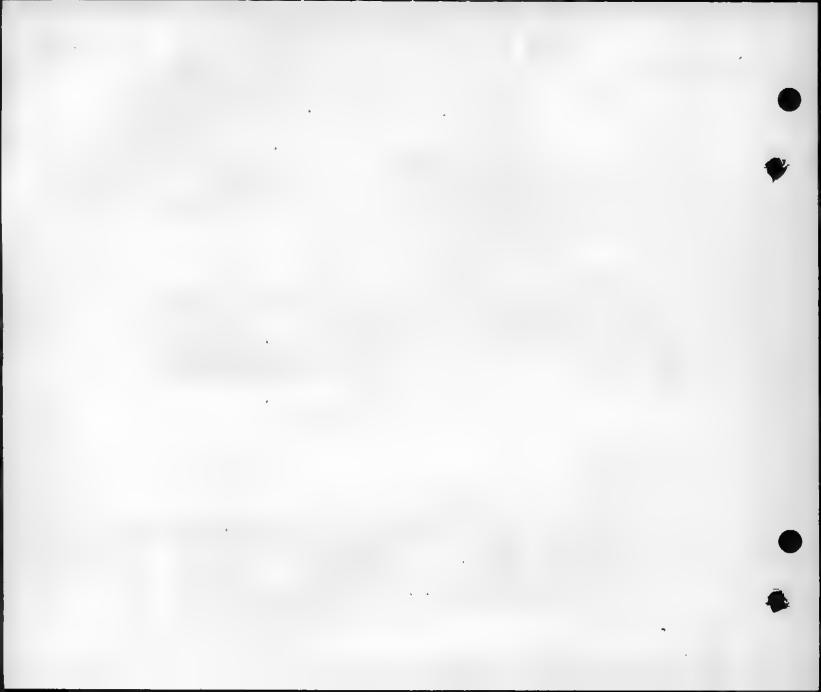
22d. ADDRESS

25b REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

athur L. Krous

(Stote)

22b DATE 61 SIGNED

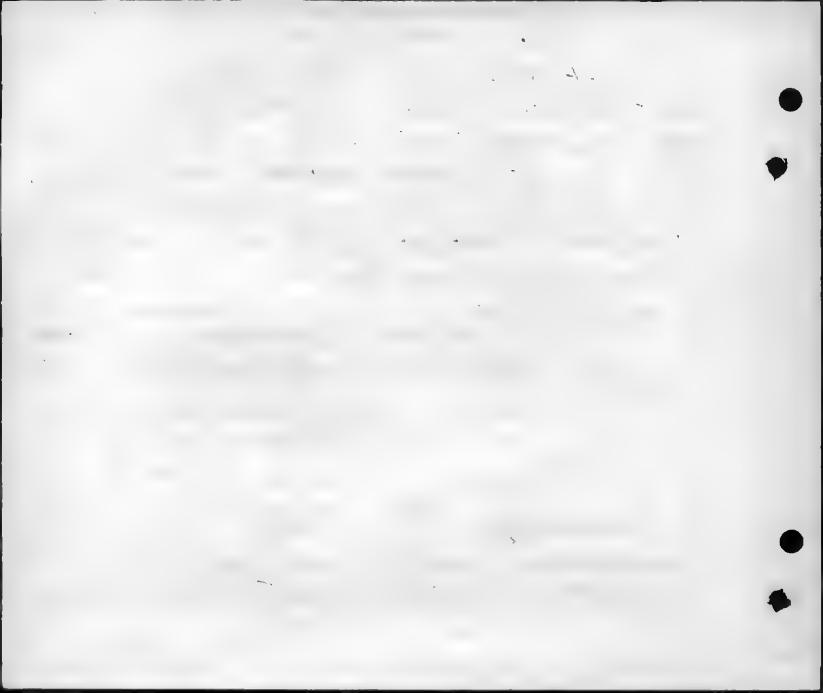


2964 **CERTIFICATE OF DEATH** Reg. Dist. No. with the second 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed a. COUNTY **b** COUNTY MARYLAND ri. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) g RURAL and give nearest town) shauld WESTHINSTER NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? CENTER ST. EXT GEN YES NO A NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) 19 60 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Hours DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) I TO V (0. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER INJU. 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Bu 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). } INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY:
, IMMEDIATE CAUSE (a) **DUE TO** MARTERIOSCEROTIC CARDIOVASCULAR DIS Canditians, if any, which gave rise to immediate **DUE TO** catse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO | 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of mury in Part I or Part II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) g. m. While Not while lat work \square at work 21. I certify that I attended the deceased from "that I last saw the deceased detoched M, fram the causes and an the date stated above. and that death accurred at 10 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c/NAME OF CEMETERY OR-GREMATORY 22d LOCATION (City, town, or county) (State) poge 5 REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Outhing S. Treases VS A1S (4) 15M 9/55

within '

HOSPIT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

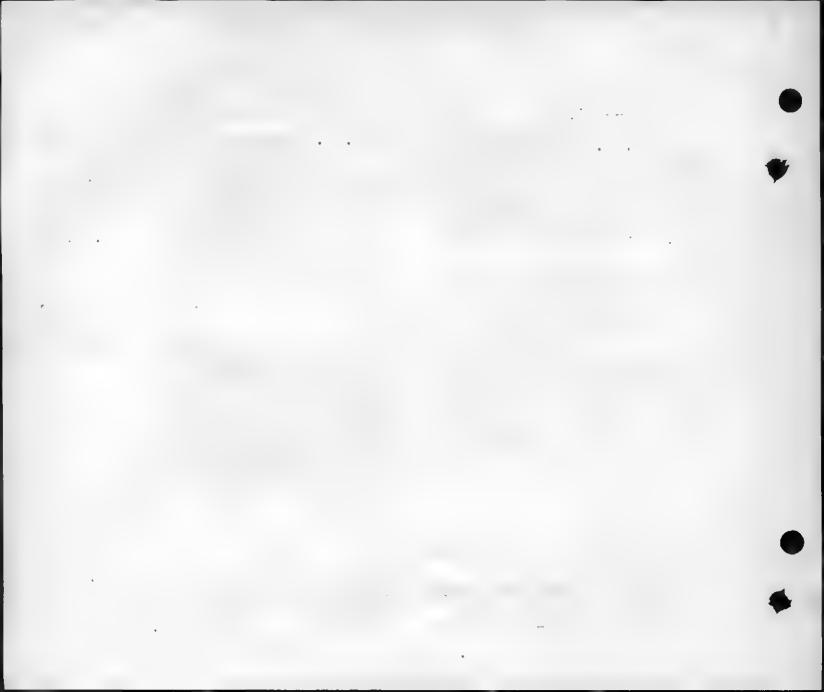


TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 24 may rained by hospital or orbending physic or TO FULLMAL DIRECTOR: After this certificate has been signed by the attending physician and completely foogs 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours offer deapth.

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VR A15 (4) ISM 9/59

1	1 PLACE OF DEATH 0 COUNTY		2 USUAL RESIDENCE (Where decease o. STATE		nce before admission)				
1	Carroll	MARYLAND	Maryland	b. COUNTY Car	roll				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)						
	Rural Gist	Rural Gist							
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	d. STREET ADDRESS	2	e. IS RESIDENCE ON A FARM?					
	P. O. Sykesvill	P. O. Sykesville							
	3 NAME OF First	Middle	Lost 4. DATE	Manth	Day Year				
1	(Type or print) //////AM	WH	ALEN DEATH	March 11	1961				
1		RIED 🗌 NEVER MARRIED 🔼	B DATE OF BIRTH	9. AGE (In years IF UNDE last birthdoy) Manths	R 1 YEAR IF UNDER 24 HRS				
1	Male White WIDOWN	ED DIVORCED .	iugust 6, 1868	92 yrs.	Doys Hours Min				
	10a JSUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign	country) 12.CI	FZEN OF WHAT COUNTRY?				
	Laborer	Farm	Maryland		U. S. A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Wesley Whalen		Louisa	?					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	IFORMANT	Address					
		N	rs.Hollis Crisv	well, Sykesv	ille, Md.				
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c) }	1 0	1	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	udielas	enlar Reval &	Rezonal	1 chronius				
	442 X DUE TO	1.1.1	. 0		chious				
	Conditions, if any, which) (b)	Unterior	deleuses	Letterled	Sections				
	gave rise to immediate DUE TO	@ +/	11/						
	lying cause lost. (c)	Deul	ty .						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART									
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS PERF								
	200 ACCIDENT WAS UNDERLYING 206. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	2	Louis Contract of the Contract	ACE OF INJURY (Home, farm, 20f (Ci	ly or town)	(County) (State)				
	Haur c. m. While of wor	UTDI WITHU	-	Λ					
	21 I certify that (I) (this hospital) attend	ded the deceased fram	Feb 1957.10	march 11, 19.	that (1) (we) last				
	saw the deceased alive an Masca		leath accurred of SOM, from						
	22a SIGNATURE	.0.	_		27b DATE SIGNED				
	Wyour for	uner	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	3/13/6/				
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	A-	1.1				
		cher, M. D.	Messie	usla 11	nel				
	23a BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d LOCA	ATION (City, town, ar county)	(Stote)				
	Burial 3-14-1961	Providence	Cometery Car		Maryland				
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGIS	STRAR 2Sb. REGISTRAR'S S					
	I C. M. Waltz. Winfie	eld. Marvland	MAR 1 5	161 Chillian 2	3 / //				



LAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Division of STATISTICAL RES MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution: Residence before edmission) ral director. Page d for your files. Board of Health, a. COUNTY e. STATE b. COUNTY b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown) MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge Rural Union Bridge Rural rage 5 may be retained for 1 and 2 with the State Boars 172 hours after 4... d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF First Middle DATE 1 4 OF (Type or print) d "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1. Examiner's Office along with form PM3. Page 5 may be re used as a burial-trensit permit. File pages 1 and 2, with the DEATH Ross Wilhide Ruben March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthday) Months ! WIDOWED TY DIVORCED Sept. 었기 yrs. Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Own Farm Maryland

14. MOTHER'S MA, DEN NAME pages I within Retired Farmer 13. FATHER'S NAME Ruben Wilhide Mary Ellen Dern 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) : (If yes give war or dates of service) Mr. Albert S. Wilhide, Keymar, Maryland 18. CAUSE OF DEATH [Enter only one cause par une for (a), (b), and (c) WOUNDOJ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), staling the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati CERTIFICA 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY XI or CONTRIBUTING [] 20c, TIME OF INJURY 200. PLACE OF INJURY (Home, farm, Month, Day, Year af work Inquiry \ 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X death resulted from: Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) 0 6 1961 Kevsville Cemeterv Keysville Maryland Burial 23. FUNERAL DIRECTOR DATE MAR 1 5 '61 arthur S. Kraus & Son Taneytown, Maryland uss

Carroll.

Deys

(County)

U.S.A.

. IS RESIDENCE ON A FARM? YES- NO

19

INTERVAL BETWEEN QNSET AND DEATH

PERFORMED?

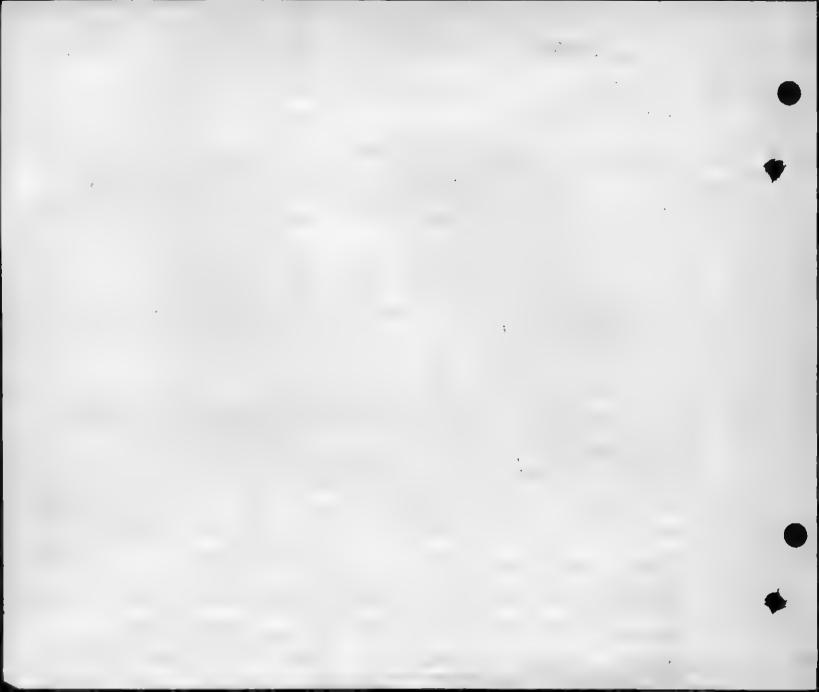
(State)

and in my opinion

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES **BALTIMORE 1, MARYLAND** 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) 1. PLACE OF DEATH I director, Page or your files. Health a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWA (If outside corporate limits, write RURAL and give nearest town) write RURA) ofderiva naerest town) ESTMINSTER TURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) with the State Boar be retained 3. NAME OF M ddle DECEASED OF (Type or print) DEATH and 3 to S. SEX NEVER MARRIED 8. DATE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED last birthday) N WIDOWED DIVORCED 1, 2, a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 5 TUBENT in pencil in Item 18. Give Pages permit, File pages Office along with form PM3. burial-fransit permit. File page 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) ! (If yas give war or detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal, Conditions, if env. which gave rise to immediate cause **DUE TO** 28 (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$[8] 19, WAS AUTOPSY CERTIFICATION xecute the certificate, writing the word do be forwarded to the Chief Medical EERAL DIRECTOR: Page 3 should be standarded agent, prior to burial, creme! 206. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCR BE HOW IN URY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) 0140 Month, Day, Yeer 20d. INJURY OCCURRED. 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not While at work at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection X designated agent, Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURI DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22a BUR AL. CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR VS. AISME arthur S. Krawe 5M 7/59

. IS RESIDENCE ON A FARM?

YES NO

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NOS

(State)

DATE SIGNED

IF UNDER 24 HRS

10

(County)

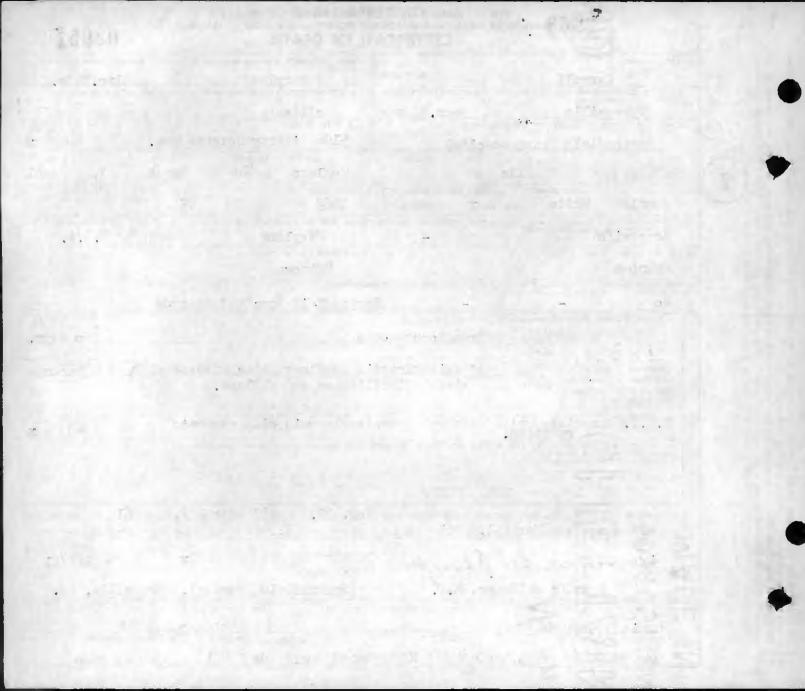


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 296 Spivision of Statistical Research and Records — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02951

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI			Residence before	ore admission)	
Carroll	MARYLAND	Mary		b. COUNTY	Balto	City.	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Sykesville	3mos . 22days	Baltimo		nits, write RUR	RAL and give ne	101-6	
OR INSTITUTION	AE OF HOSPITAL (If not in hospitol, give street oddress) INSTITUTION Springfield State Hospital d. STREET ADDRESS 5106 Liberty Heights Ave.				e. IS RESIDENCE ON A FARM? YES NO I		
3. NAME OF DECEASED (Type or print) E11a	Middle	Wohlers	4. DATE OF DEATH	Month	-	oy Year 19 61	
s. sex Female 6. COLOR OR RACE White Widowe		8. DATE OF BIRTH	9. AC	-	FUNDER 1 YEAR Months Doys	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Marylar				S.A.	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN I	NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Vas. no. or unknown) (II yes, give wor or date of service)	1	pringfield Ho	ospital R	Addres ecords	55	*	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying couse lost. DUE TO Arteriosclerotic cardiovascular disease with Unknown DUE TO atrial fibrillation and failure.							
C.B.S. associated with cerebral arteriosclerosis with psychtic reaction.							
20a. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w							
21. I certify that (I) (this haspital) attended the deceased from Nov. 10, 1260, tMarch 2, 161, that (I) (we) last sow the deceased alive an March 1, 1961, and that death accurred at 3:50/AM am the causes and an the date stated abave. 226. DATE							
agustin del	sompo	M.D. ATTENDING NO D	AED. ST.	YS. 🏝		3/2/61	
NAME (Mpe) Agustin delCamp	o, M.D.	Springfiel	ld Hospit	al, Syk	cesville	e, Md.	
230. BURIAL, CREMATION, REMOVAL (Specify) DIVINIAL MAP 4 1961 24. FUNKAN DIRECTOR'S SIGNATURE	Lorraine Address 4204 Ridge	25o. REC	23d. LOCATION WO 'D BY REGISTRAR MAR 3 '61	od layer 256. REGIST	county) Md RAR'S SIGNATURE SELECT S #1		



VR A1S (4) 1SM 9/59

-		
1.	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. a. STATE	If institution: Residence before admission) COUNTY
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN if autside corporate limits, RURAL and give nearest tayout	nits, write RURAL and give nearest tawn)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS	PANALIC e. IS RESIDENCE
	OR INSTITUTION TIME TO THE TOTAL TOTAL	ON A FARM? YES NOW
	3. NAME OF DECEASED (Type or print) WILLIAM FREDERICK VINGI ING DEATH	Manth Day Year MARCH 201961
-	5. SEX 6. COLOR OR RACE 7. MARRIED DESCRIPTION 8. DATE OF BIRTH 9. AG	E (In years IF UNDER I YEAR IF UNDER 24 HRS.
1	male Whate WIDOWED DIVORCED March 19, 1886	birthday) Manths Days Haurs Min.
100	10a. USUAL OCCUPATION, (Give kind af work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	13. FATHER'S NAME	/
	Jogo Hingling Martin The	ch_
15.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (19. 19. or wiknown) (16 yea, girly for or doles of signice) 24 - 24 - 3/00 2000 1000 1000 1000 1000 1000 1000 1	Address Spanie address
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BEJWEEN
	PART I, DEATH WAS CAUSED BY: Cosauly Throughos	ONSET AND DEATH
	Conditions, if any, which) (b) Plandis Revolutionse C	- Sevene
	gave rise to immediate DUETO	estarca 4 lars
	lying couse last (c) aller the factions Selle	esses
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) M9. WAS AUTOPSY PERFORMED? YES NO
CERTIFI		tem 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 at wark at wark at wark	rn) (Caunty) (State)
П	21. I certify that (1) (this haspital) attended the deceased fram Wesch 11. 1961. to New	
	saw the deceased alive an Julia 1961, and that death accurred at 1/2/5/M, from the c	auses and an the date stated above.
		5. 0 3/20/9GNED
L	22c. PHYSICIANS NAME (Type) W. GLENNI SPFICHER Westury	ister and
230	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
1	Burney 3/23/61 St. many Cemetery July	a Ken Carrollon
24.	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 2SO THE P BY REGISTRAR	25b. REGISTRAR'S RIGNATURE

